HEALTH ACTION

Priorities for Monroe County

Adult and Older Adult Health Report Card Update, 2002

Table of Contents

DATA ON ADULT AND OLDER ADULT HEALTH PRIORITY GOALS FOR ACTION

DATA SUMMARY FOR ADULTS/OLDER ADULTS

THE HEALTH IMPROVEMENT PLAN FOR ADULT AND OLDER ADULT PRIORITIES FOR ACTION

Introduction

HEALTH *ACTION* Overview

Over the last few years, several health and planning agencies in Monroe County have worked together to develop a strategy to improve the health status of our community. The **HEALTH *ACTION*** initiative incorporates the following concepts:

1) action based on data (health report cards),

2) community participation in setting priorities for action,

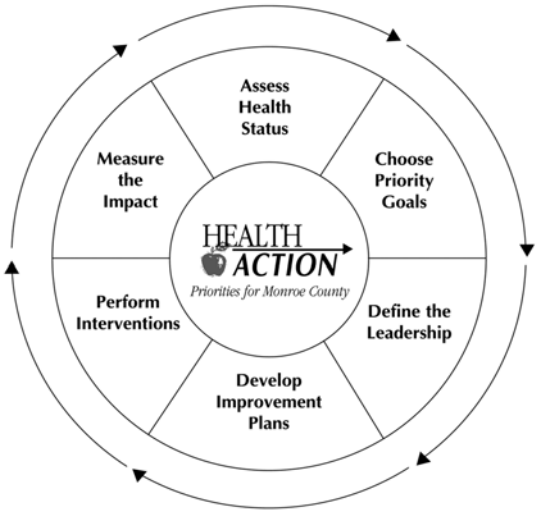
3) collaboration between community-based agencies and health care providers to address common health goals,

4) evaluation of results.

Monroe County's efforts are aligned with both state and national activities that are focusing on improving the health status of our citizens. Nationally, goals for improving health status are compiled in Healthy People 2010.[1] In 1996, statewide goals for improving health status were developed and published in a document called Communities Working Together for a Healthier New York.[2]

Monroe County has published report cards for Maternal/Child Health (1997/2000), Adolescent Health (1997/2001), Adult Health (1998), Older Adult Health (1998) and Environmental Health (1999).[3]

The goal of **HEALTH *ACTION*** is to involve individuals, healthcare systems, businesses and the public health community in a process to achieve continuous, measurable improvement in health status of Monroe County citizens as depicted below:



[1] U.S. Department of Health and Human Services, *Healthy People 2010,* http://www.health.gov/healthypeople/(June 14, 2002).
[2] New York State Department of Health, *Communities Working Together for a Healthy New York,* http://www.health.state.ny.us/nysdoh/phforum/hlthcomm.pdf (July 12, 2002).
[3] http://www.healthaction.org > (July 14, 2002).

The release of the Adult and Older Adult Health Report Cards in 1998 was the first step in building a community agenda to address priority health issues in these two groups. Adult and Older Adult Health Sub-committees of the Board of Health were formed to seek community input to select priorities for action from the health goals in the report cards:

Adult Goals:

- Promote healthy behaviors to prevent chronic disease
- Promote use of preventive health services
- Decrease unintentional injuries
- Reduce violence
- Reduce sexually transmitted disease rates, including HIV/AIDS
- Improve mental health

Older Adult Goals:

- Promote healthy behaviors to prevent chronic disease
- Promote behaviors that prevent or delay complications from chronic disease
- Promote use of preventive health services
- Reduce the risks for poor nutrition
- Improve mental health
- Decrease injuries from falls
- Assess the degree of abuse and neglect of older adults in Monroe County

Committees of the Board of Health held more then 40 focus groups with over 400 participants to receive input on which health goals should be chosen as priorities for action. Participants were asked to rank the goals according to several criteria: importance, sensitivity to intervention, control, resources required, and timeliness. Committee members reviewed both the quantitative and qualitative data collected during the focus groups to determine priority goals. The committee viewed all of the goals as important and concluded that what distinguished one goal from another was often its sensitivity to intervention. Based on the community input, priorities for action were selected.

In analyzing the qualitative input generated from the focus groups, committee members noted that mental health issues were mentioned frequently. The committees agreed that mental health was a critical issue in the community. Mental health issues potentially influence health status and also can be a secondary problem in persons with chronic disease. Dementia among older adults, substance abuse and depression were identified as being the most pressing mental health issues facing the community. Therefore, the committees recommended that the priority goal dealing with use of preventive health services include a recommendation that screening for these conditions be considered as a routine preventive service.

The goal of “reducing the risks for poor nutrition” was also ranked fairly high by older adult health focus group participants. The Older Adult Health Subcommittee recommended that screening for nutrition risks among the elderly be included in the goal of “promoting use of preventive health services.”

Goals for Improving Health Status

The following goals were chosen as priorities for action:

Adult:

- Promote healthy behaviors to prevent chronic disease
- Promote use of preventive health services, including screening for substance abuse and depression

Older Adult:

- Promote behaviors that prevent or delay complications from chronic disease.
- Promote use of preventive health services, including screening for substance abuse, depression, dementia and nutrition.

Because of the overlap in the goals chosen as priorities for action, **HEALTH *ACTION*** Partnerships were designed to develop interventions formed to address needs of both adults and older adults. Thus, this report card update documents data and intervention information for both groups.

In the next cycle of assessment, the needs of adults and older adults will be reviewed and prioritized separately to assure that needs specific to either group are not overlooked.

Format of This Report

This report is divided into five major sections:

1. A review of the demographic data and general physical and mental health status of adults and older adults.
2. A description of current factors influencing health care for adults and older adults in Monroe County.
3. An update of the data related to the priorities for action for adults and older adults.
4. A summary of differences in data between adults and older adults.
5. A description of the health improvement activities for the three priority goals for adults and older adults in Monroe County.

Sources of Data

Monroe County Adult Health Survey, 2000[4]

This was a countywide random digit dial telephone survey completed by 2,526 Monroe County adults ages 18 and over. The survey was conducted between October 2000 and January 2001. The purpose of the survey was to provide data on the prevalence of health behaviors and health status indicators among adult residents of the County.

[4] For more information about these data, go to the full report at http://www.monroecounty.gov/documentView.asp?docID=1880

Data were collected by Macro International Inc. (d/b/a ORC Macro) using random digit-dial telephone survey techniques. Within households, one adult aged 18 years or older was randomly selected as the respondent. The survey instrument contained questions pre-tested for reliability and validity from national, state and local surveys and questions developed by the Monroe County Health Department.

The sample was designed to over-sample the City of Rochester in order to achieve adequate samples for African Americans and older adults. Because, telephone exchanges do not follow geographic boundaries, interviewers depended on respondents' self-reported zip code and town to determine the area of residence.

The response rate for the survey was 44.7%, which is consistent with survey response rates for the Behavioral Risk Factor Survey, conducted by the New York State Health Department each year (45% in 1999).

These data are limited due to the fact that they exclude those living in congregate care facilities, those without telephones and those with a primary language other than English. In addition, it should be noted that the survey relies on self-reported data. Respondents tend to under-report such behaviors as alcohol use but may over-report behaviors that seem desirable such as exercise or regular health screenings. The respondent's ability to recall behaviors may also affect the accuracy of the response.

New York State Managed Care Plan Performance: A Report on the 2000 Quality Assurance Reporting Requirements, (QARR)

This is an annual report on managed care health plan performance published by the New York State Health Department. Measures in this report were largely adopted from the National Committee for Quality Assurance's Health Plan Employer Data and Information Set (HEDIS). Additional New York State-specific measures were added to assess specific areas of public health importance. Included in this report are data on enrollees in Excellus Rochester and Preferred Care managed care programs who reside in the 9-county Rochester region. When available, data on both the Medicaid and commercially insured population are shown.

The Monroe County Women's Health Partnership: Radiology Record Study

This Radiology Record Study provides an estimate of mammography rates in Monroe County based on data provided by all sites that offer mammograms in the county. During 3 separate eighteen month periods, sites compiled lists of patients receiving mammograms. These lists were then entered into a database. Only those with zip codes in Monroe County were included in the data. Rates of mammography were then calculated using 1990 Census Population data and Claritos population estimates.

The Rochester Regional Tumor Registry

The Rochester Regional Tumor Registry (RRTR) is a centralized, computerized system for cancer data collection on patients seen in 16 hospitals in the Finger Lakes region of New York State. Currently, it is supported by six major Rochester hospitals and is located in the University of Rochester Medical Center Cancer Center. The RRTR enters information, based on medical record abstraction, on approximately 4,500 new cases a year with 83% of these cases contributed by the six Rochester hospitals. Data are stored in three main files linked by a unique patient identification number: patient (demographic and death data), follow-up, and tumor (diagnostic, treatment and recurrence data). There is one patient record for each patient, one follow-up record for each tumor and one tumor record for each hospital contact.

Definition of Statistically Significant Difference

In this report, terms such as greater than or less than are used only when there is a statistically significant difference between 2 data points (z test, 95% confidence interval, $p < .05$). When the terms similar, comparable or no difference are used, it means that there is not a statistically significant difference.

Background Data

Population

According to the 2000 Census there are 735,343 residents of Monroe County.

- 61% (451,308) are adults aged 18–64 years old.
- 13% (95,779) are older adults aged 65 years and older.

As shown in the chart below, the age structure of Monroe County adults changed considerably between the 1990 and 2000 Census. In 1990, the largest age group was 18-34 years of age. In 2000, the largest group was 35-49 years old. This change is due to the aging of the Baby Boomers born between 1946 and 1964.

During the decade, major increases were seen in the population of older adults. The population of adults aged 75 and older increased by more than 25%.

Adult Population, Monroe County, 2000,
Number and Percentage Change Since 1990.

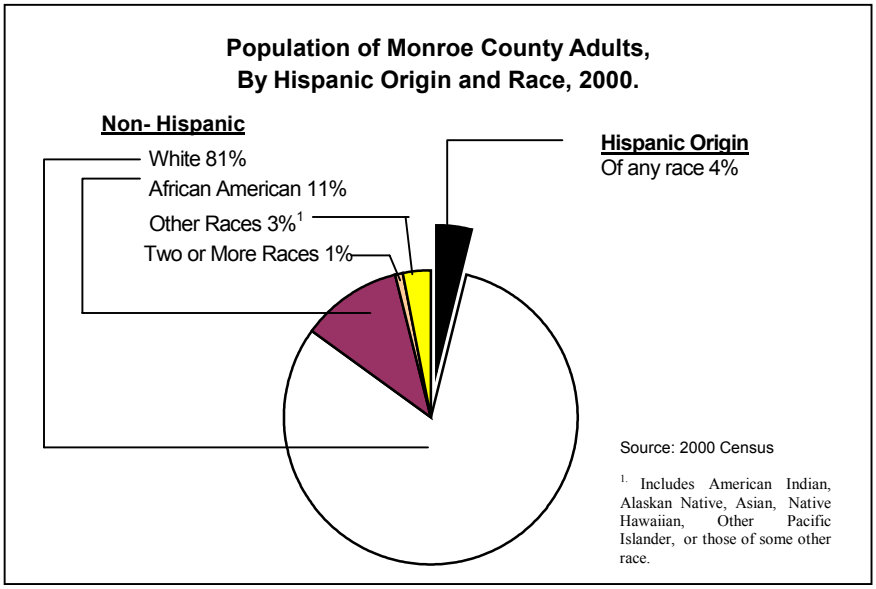
Age	1990	2000	% change 1990-2000
18-34	195,807	167,154	-14.6%
35-49	151,560	172,642	+13.9%
50-64	90,411	111,512	+23.3%
65-74	50,514	46,468	- 8.0%
75-84	28,494	35,676	+25.2%
85+	10,121	13,635	+34.7%

Source: 2000 and 1990 Census.

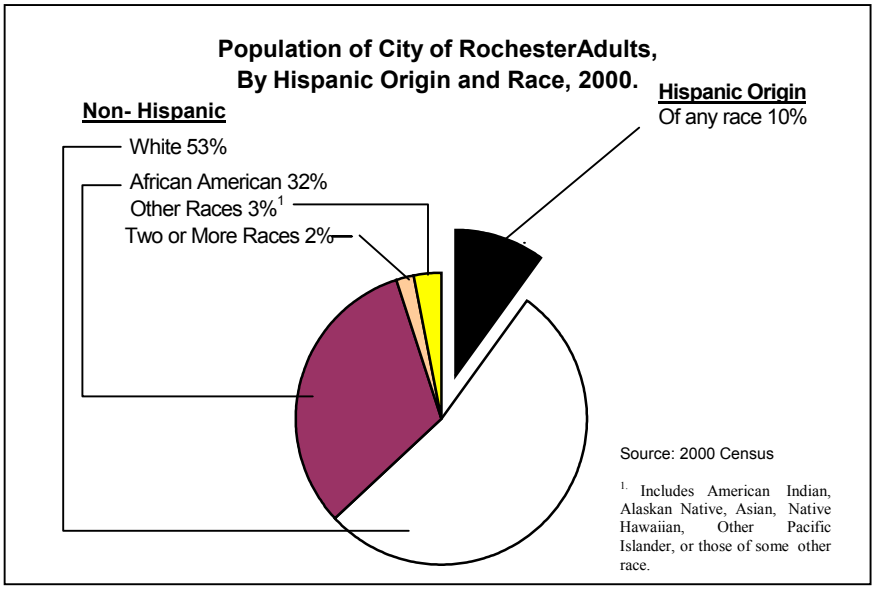
Population by Hispanic Origin and Race

In order to better reflect the diversity of the country's population, the 2000 Census allowed respondents to select more than one race to indicate their racial identity.

The chart to the right shows the population of Monroe County adults by Hispanic Origin and racial identity. Four percent of adults in Monroe County of Hispanic Origin and 96% are not of Hispanic origin. A majority of adults in Monroe County are White (non-Hispanic).



In the City of Rochester, 10% of the population are of Hispanic Origin and 32% are African American (non-Hispanic).



Because in 2000, the Census Bureau changed how respondents identify their race, data from previous years can't be compared.

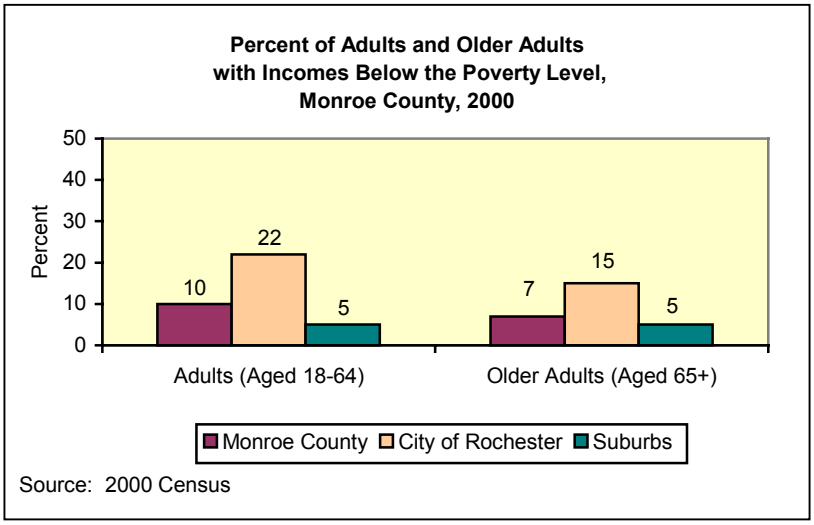
Data by Hispanic origin however, can be compared, as those of Hispanic origin can be of any race. The number of Hispanic adults, aged 18 and older in Monroe County, increased by 45% between 1990 and 2000 from 15,944 to 23,181.

Socio-Economic Status

Economic status has an impact on health status, affecting nutrition, health care access and the utilization of preventive services. Educational status often effects income.

According to 2000 Census data:

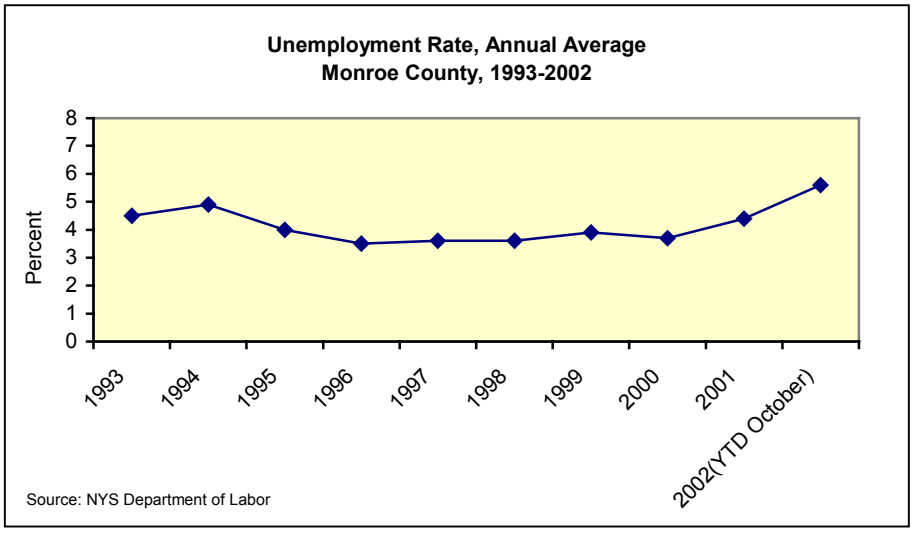
- About 10% of adults aged 18 years and older have incomes below the poverty level. ($17,050 for a family of four).[5] Rates are higher in the City of Rochester compared to the Suburbs as shown in the graphic to the right.



- 15% of adults over age 25 do not have a high school diploma. The rate in the City of Rochester is 27%, compared to 11% in the Suburbs.

According to data from the New York State Department of Labor:

- the unemployment rate was fairly steady from the mid 1990's until 2001 when it began to increase. In October of 2002, the number of people unemployed in Monroe County was 19,000.[6]



[5] Federal Register, Vol. 65, No. 31, February 15, 2000, pp. 7555-7557.
[6] An unemployed person is defined as a person who meets all of the following criteria: 1. Did not work in the reference week, 2. Actively looking for a job sometime in the 4 week period ending with the survey reference week, 3. Are currently available for work.

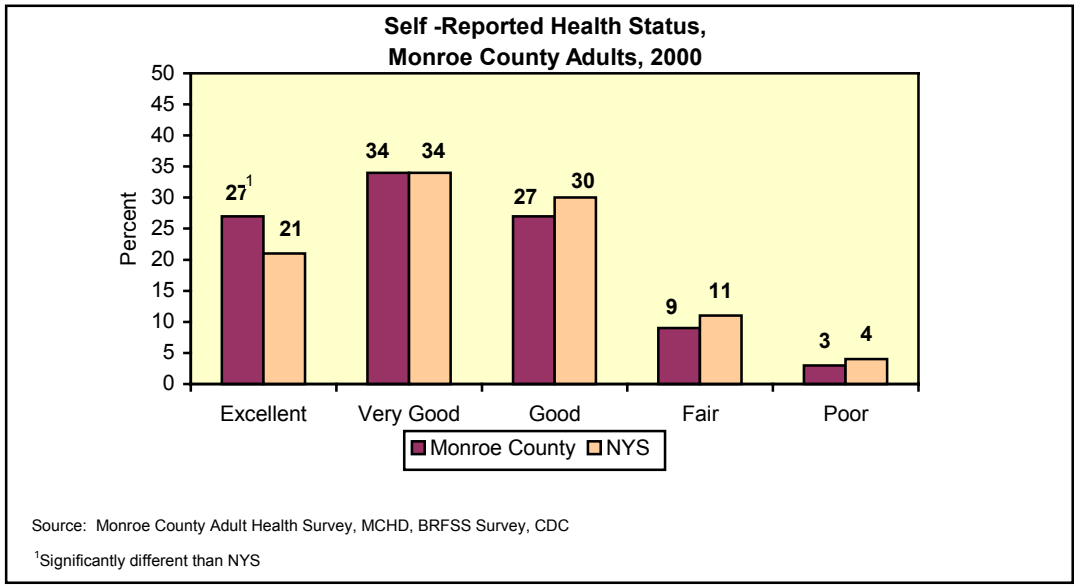
Physical and Emotional Health (SF-12)

The SF-12 is a 12-question instrument commonly used in clinical settings to measure health-related quality of life. Included in the instrument are questions about self-perceived health status and how physical and mental health status affects every day functioning. Responses to these questions are then scored to give an overall summary score of physical and mental health functioning. In a recent study, the SF-12 was proposed to be a good measure of community health status. [7] The SF-12v2 was included as part of the Monroe County Adult Health Survey, 2000 as were additional questions about emotional health. Results from all of these questions are discussed on the next pages[8].

Perceived Health Status

Good to excellent self-reported health status correlates with lower mortality rates.[9]

As part of the Monroe County Adult Health Survey, respondents were asked to rate their health status as excellent, very good, good, fair or poor. Below are results for Monroe County compared to results from the New York State Behavioral Risk Factor Survey.



Source: Monroe County Adult Health Survey, MCHD, BRFSS Survey, CDC

[1]Significantly different than NYS

Among all adults:

- A higher proportion of adults in Monroe County rated their health status as excellent, compared to NYS (27% verses 21%).
- 61% rated their health as very good to excellent, a decrease since 1997 when it was 66%.
- 12% rated their health fair to poor. This rate did not change between 1997 and 2000.

[7] Burdine, James, et al. "The SF-12 as a Population Health Measure: An Exploratory Examination for Potential Application." *Health Services Research*, 35(2000): 885-903.
[8] At the time of publication of this report, the Health Department had not received the scoring manual, so summary scores for the SF-12v2 are not included. When they become available, a separate report will be issued.
[9] E.L. Idler, and Y. Benyamini, "Self-reported health and mortality: A review of twenty-seven community studies," *Journal of Health and Social Behavior*, 38 (1997):21-37.

Among adults aged 18-64 in Monroe County:

- 63% rated their health as being very good or excellent.
    - A higher proportion of suburban (67.3%) residents compared to city residents (60.1%) and a higher proportion of Whites (67.6%) compared to African Americans (46.8%) rated their health as very good to excellent.
- 10% reported that their health is fair to poor.
    - Rates of poor to fair health were about 2.5 times higher among of African Americans (21.8%) compared to Whites (8.2%).

Among adults aged 65 and older in Monroe County:

- 45% rated their health as very good to excellent.
    - A higher proportion of Suburban residents (54.2%) compared to City residents (33.2%) rated their health as very good to excellent.
- 22% reported that their health is fair to poor.
    - Rates of poor to fair health were highest among City of Rochester residents (33.5%) compared to Suburban residents (13.0%).

Functional Limitations Due to Physical and/or Emotional Health, Ages 18-64

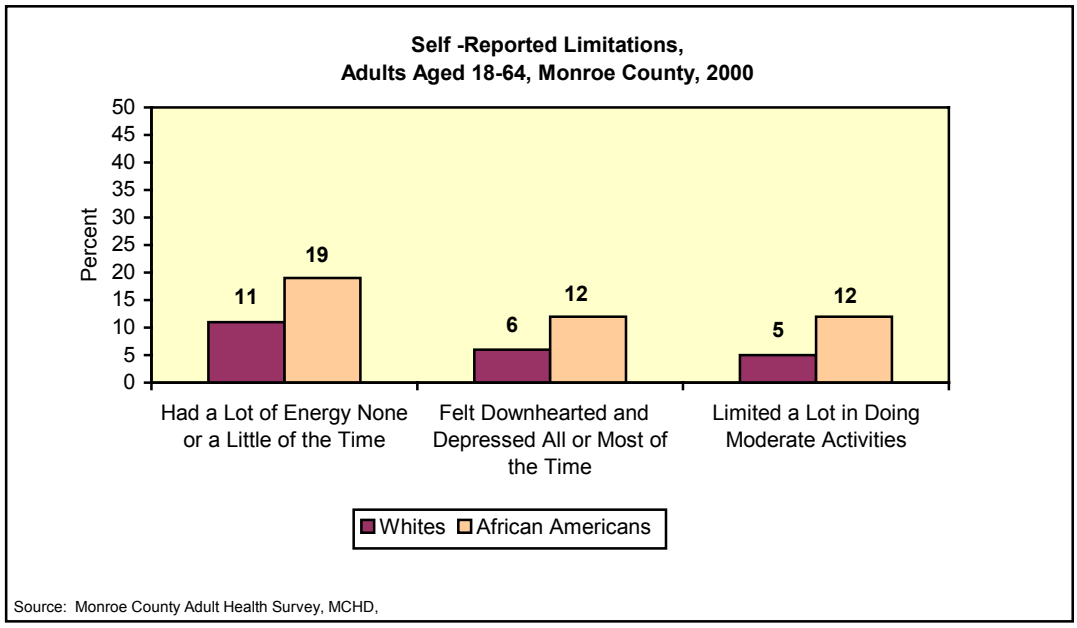
Below are data on the proportion of adults, aged 18-64, who reported various functional limitations due to physical and emotional health. The shaded boxes indicate questions changed between 1997 and 2000, so data are not comparable.

Monroe County Adults, aged 18-64, Who Reported:	**1997**	**2000**	**Statistically Different**	**Better or Worse**
Being limited a lot in doing moderate activities like moving a table, pushing a vacuum , bowling or playing golf because of your health		5.9%	N/A	
Did not accomplish what they would have liked at work, or in daily activities because of physical health - all of the time during the last 4 weeks		5.1%	N/A	
Were limited in the kind of work or other activities because of physical health - all of the time during the past 4 weeks		4.0%	N/A	
Pain extremely interfered with normal work during the past 4 weeks	1.2%	4.5%	Yes	Worse
Accomplished less than would have liked due to emotional problems - all the time during the past 4 weeks		2.4%	N/A	
Felt calm and peaceful - none or a little of the time during the past 4 weeks	8.2%	10.9%	No	
Had a lot of energy - none or a little of the time during the past 4 weeks	7.3%	12.0%	Yes	Worse
Felt downhearted and depressed - all or most of the time in the past 4 weeks	4.3%	6.8%	No	
Physical or emotional problems interfered with your social activities all or most of the time in the past 4 weeks.	4.4%	15.0%	Yes	Worse
Source: Monroe County Adult Health Survey, MCHD				

The proportion of adults aged 18-64 reporting limitations due to pain, lack of energy and physical and emotional health worsened since 1997.

According to the Monroe County Health Survey 2000, there are differences among certain sub-populations in functional limitations.

- More females (7.7%) compared to males (4.0%) reported being limited a lot in doing moderate activities.
- Disparities exist between African Americans and Whites in reported limitations due to physical and emotional health as shown in the chart below.



Source: Monroe County Adult Health Survey, MCHD,

Functional Limitations Due to Physical and/or Emotional Health, Ages 65+

Below are the proportions of adults ages 65+ who reported various functional limitations due to physical and emotional health. The shaded boxes indicate questions changed between 1997 and 2000, so data are not comparable.

Monroe County Adults, aged 65+, Who Reported:	**1997**	**2000**	**Statistically different**	**Better or Worse**
Being limited a lot in doing moderate activities like moving a table, pushing a vacuum , bowling or playing golf because of your health		11.2	N/A	
Did not accomplish what they would have liked at work, or in daily activities because of physical health - all of the time during the last 4 weeks		9.0%	N/A	
Were limited in the kind of work or other activities because of physical health - all of the time during the past 4 weeks		9.2%	N/A	
Pain extremely interfered with normal work during the past 4 weeks	4.2%	3.6%	No	
Accomplished less than would have liked due to emotional problems - all the time during the past 4 weeks		2.8%	N/A	
Felt calm and peaceful - none or a little of the time during the past 4 weeks	5.5%	4.1%	No	
Had a lot of energy - none or a little of the time during the past 4 weeks	17.8%	15.9%	No	
Felt downhearted and depressed - all or most of the time in the past 4 weeks	7.9%	2.8%	No	
Physical or emotional problems interfered with your social activities - all or most of the time in the past 4 weeks.	8.5%	5.5%	No	
Source: Monroe County Adult Health Survey, MCHD				

No statistically significant changes in percentages were noted in this age group between 1997 and 2000.

According to the Monroe County Health Survey 2000 among older adults, there are differences among certain sub-populations in functional limitations.

- A higher proportion of males (15.7%) compared to females (5.3%), reported that all the time in the past 4 weeks, they were limited in the kind of work or activities they could do because of their physical health.

Frequent Mental Distress

Frequent mental distress (FMD) is a measure that provides a rough estimate of mental health in a community. To improve the information available about the overall prevalence of general mental distress, the CDC utilized questions from the national Behavioral Risk Factor Surveillance System (BRFSS) to define FMD. FMD is defined by the question: "Now, thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?" A response of 14 or more days constitutes FMD.[10]

According to the Monroe County Adult Health Survey, 2000:

- 9.8% of adults reported frequent mental distress. This was consistent with 1997 and national data.[8] A higher proportion of younger adults (10.9%) compared to older adults aged 65+ (5.1%) reported frequent mental distress.

Taking Medications for Mental Health Problems

According to the Monroe County Adult Health Survey, 2000:

- 9.8% reported they were currently taking prescription medications for mental health problems such as personal or family problems, depression, anxiety or stress.

[10] "Self-Reported Frequent Mental Distress Among U.S. Adults, 1993-1996," *Morbidity and Mortality Weekly Report*, 47, no.16 (May 1, 1998):325-331.

Health Care for Adults and Older Adults

Recent Trends in Health Insurance Coverage in Monroe County

Overall Rates of Health Insurance Coverage

At the national level, during the last decade there has been a gradual decline in the rate of health insurance coverage in the general population. This trend has been explained by the increasing costs of health care and an unwillingness of employers to continue to pay for a large share of this ever-increasing cost.

Historically, Monroe County has enjoyed rates of health insurance coverage well above the national level. In 2001, the Rochester and Monroe County Partnership for the Uninsured released a study that documented rates of health insurance coverage in Monroe County.[11] Ten percent of the adults ages 18 - 64 in Monroe County do not have any health insurance coverage, compared with 16% nationally.[12]

This same study found significant disparities in health insurance coverage among racial-ethnic minority groups. African American (26%) and Hispanic (34%) residents reported that they were more likely than White residents (16%) to be currently uninsured or to have been without insurance at some point during the past two years. The study also documented that the uninsured were less likely to receive health care services.

Family Health Plus

During the last decade, new government-sponsored health insurance programs for the poor and near-poor were initiated or expanded. In 2001, building on the successful Child Health Plus program, New York State launched the Family Health Plus program. This program utilizes federal, state and local dollars to fund health insurance for low-income adults without the means to purchase health insurance. In July 2002, a total of 2,410 Monroe County adults were enrolled in Family Health Plus. This level of enrollment was more than triple the number initially projected for the first year of the program by NYS Department of Health. This suggests that this program is filling an important gap in the community and can expect to grow in the months and years ahead.

Medicaid Managed Care

For the last 30 years, Monroe County has been a national leader in providing managed care for Medicaid recipients. So when New York State received a federal waiver to implement mandatory Medicaid Managed Care, Monroe County was able to implement the program without major problems or disruptions. Many communities around the state (especially New York City) were concerned that this change might seriously disrupt patterns of care for the poor, create new barriers to access to care and reduce the quality of health services.

[11] A copy of this report is available from the Finger Lakes Health System Agency.
[12] Bureau of the Census, *Current Population Survey*, 1999.

Because of Monroe County's long experience with Medicaid Managed Care, however, the transition to mandatory enrollment went relatively smoothly. After the transition was completed, however, the Monroe County Department of Social Services noted that fewer patients were enrolled in Medicaid Managed Care Programs than were expected (only 71% of those projected to be eligible were enrolled in Monroe County in 2002). It was difficult to tell if this was due to changes in the public assistance programs that were being implemented at about the same time, changes in the local economy, or confusion about the Medicaid program itself. Because there have traditionally been high levels of mobility and relatively fast turnover in the Medicaid population, this became a difficult problem to study. Probably all three of these factors contributed somewhat.

Changes in Models for Health Benefits

In 2000-2002, several local moderate and large businesses in the Rochester area changed from "community-based" to "experience-based" contracts with the local insurers for employee health benefits. In 2002, the University of Rochester contracted with Aetna Insurance, a large national for-profit health insurer for its employee health benefits. A community debate ensued about the impact on the health care system of the trend away from community rating and the entry of for-profit health insurers into the Rochester marketplace.

The dominant local health insurer, Blue Cross Blue Shield, continued its strategy to expand regionally. Under the name Excellus, the "Blues" gained dominant positions in the health insurance markets in Buffalo, Syracuse and Utica regions in upstate New York.

Trends in the Health Care Delivery System in Monroe County

The Rochester health care delivery system received national attention in the early 1990's for the level of cooperation among the stakeholders, for cost containment, for the maintenance of low health insurance premiums and the quality of care. Between 1990 and 1995, however, the local payers for health insurance began to notice that the costs were rising faster in Rochester than in some other large communities that had incorporated more competitive elements into their local delivery systems. The local payers challenged the providers to limit the annual increases in the commercial insurance premiums to general cost of living increases. This challenge ushered in a new phase of competition in the Rochester health care delivery system.

Previously the system had been characterized by one dominant employer, one dominant insurer, hospitals that were independent of each other, community-rated health insurance products, high penetration rates of managed care and a service system characterized by physicians in limited numbers of Individual Practice Associations reimbursed on a discounted fee for service basis.

In the middle of the decade, the hospitals and several other health institutions began to realign into four integrated delivery networks: Strong Health, ViaHealth, Unity Health and Lakeside Health Systems. Unity made the first substantial changes in its facilities and its cost base by consolidating services between St. Mary's Hospital and Park Ridge Hospital. As part of the consolidation, obstetrical services were moved from the St. Mary's campus to the Park Ridge campus, and the St. Mary's Emergency Room was converted to a walk-in care center.

The systems began to market their services more aggressively. Many physicians moved from independent practices into salaried employment arrangements. More and more, medical services came to be reimbursed on a capitation basis. Two of the systems began to offer managed care products with limited physician panels that were priced lower than the other local insurance products. All physician practices came under pressure to become more closely aligned with one of the health systems.

In 2001, the Genesee Hospital in southeast Rochester closed all in-patient units and the emergency department. These changes resulted in relocation of services, movement of physician practices and specialty programs, and a moderate amount of temporary confusion for patients. Adjustments were made by numerous service providers to accommodate the reduced number of in-patient medical-surgical beds.

The Finger Lakes Health Systems Agency and the Monroe County Health Department jointly convened the Community Transition Task Force to facilitate planning and communication about system changes resulting from the closure of the Genesee Hospital. Remaining emergency rooms in the county experienced increased volumes that taxed their capacities. While waiting times and inconvenience for patients occurred, the task force did not find a reduction in quality of services.

In 2000, the Rochester Health Commission sponsored a series of community forums [13] about the evolution of the Rochester health care system. The commission coordinated the establishment of community wide efforts to improve quality, reduce cost and improve access to health care on the following topics:

- Adoption of community clinical guidelines
- Reduction of medical errors
- Health care worker shortage
- Quality of end-of-life care
- Capacity reduction
- Reduction of administrative burdens

Recent Efforts to Reduce Disparities in Health Outcomes

Rochester Diversity Initiative

In April 2002, the Institute of Medicine released a report titled Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**.** This report summarized the findings of academicians, clinicians, planners and policy experts on the problem of disparities in health care. Issues were identified that contribute to the disparities in the general environment, in systems of care, in patient care settings and in the clinical encounter. The report recommended strategies to eliminate disparities including systematic strategies, professional education and data collection and monitoring. Eliminating disparities in health outcomes is a necessary component of **HEALTH *ACTION***.

In 1999, the Monroe County Health Department, the Industrial Management Council and the Rochester Diversity Council formed a partnership to promote strategies in the large health care businesses in our community to promote reduction in disparities in health outcomes. The group was called the Rochester Diversity Initiative in Healthcare (RDIH).

The large health care businesses examined best practices in diversity in health care and how well local health care businesses were meeting the needs of an ever-changing patient base and workforce. The businesses performed a confidential self-assessment of their efforts to promote diversity and reduce disparities. The self-assessment showed that significant progress had been made in some areas but none of the health care businesses had incorporated the concept of "diversity" as a high level business strategy.

The RDIH drafted a document titled "The Business Case for Diversity for Rochester Healthcare Organizations[14] that predicted that a significant commitment to diversity would become a critical

[13] For more information go to: http://www.rhealth.org/forum/index.htm
[14] A copy of this report is available from the Office of the Director, Monroe County Health Department.

element for the financial success of health care businesses in the decade ahead. The document was circulated to the CEOs of local healthcare organizations.

Hispanic Health Task Force

In 1998, the Finger Lakes Health System Agency received a grant from the Rochester Primary Care Network to convene a Hispanic Health Task Force. The 20-member task force, comprised of leaders in the Latino community and health care providers, studied the health of the Latino community by reviewing existing reports and data and by listening to presentations from health care providers. In September 1999 the Finger Lakes Health System Agency released a report titled "!*Nuestra Salud*! *(Our Health) – A Study of the Health of the Hispanic Community in the Rochester Area."*[15] The report contains data on health status, health services and recommendations to improve Hispanic health.

According to task force findings, many health databases in the region contain a "Hispanic" or "ethnicity" field, but there is great variation in the quality and consistency of the data. As a result, health events like births, deaths, illnesses, and utilization data are thought to be under-reported among Hispanics. Data on Hispanics, therefore, should be viewed with caution.

Information collected by the task force documented that there are challenges for Hispanics to access adequate, culturally sensitive health care services in the community. Hispanics have a higher rate of hospitalizations due to "ambulatory-care sensitive" diagnoses.[16] There is variation in the availability, quality and consistency of translation services within the health care system. Hispanics do not utilize mental health services at the same rate as the total population. Previous studies of mental health services in the community have concluded that these services do not meet the needs of Latinos.

The report contains over 40 recommendations. Three general areas considered by the task force to be priorities for improvement were to:

1. Improve the quality of data describing the health of Hispanics in the community;
2. Improve the health status of Hispanics;
3. Reduce barriers to care for Hispanics.

In the three years since the report publication, the task force has had little success in efforts to improve data quality, but has initiated a project to improve health insurance coverage among Hispanics as a means to reduce barriers to care. An update to the report will be published by year's end by the Finger Lakes Health Systems Agency

African-American Task Force

In 2000, another community task force was convened to address health disparities seen in the African-American population. The Rochester African-American Task Force (AATF) is chaired by James Norman, chief executive officer of Action for a Better Community, Inc. This group will be issuing a health status report to the community in December of 2002.

[15] A copy of this report is available from the Finger Lakes Health System Agency
[16] Angina, bronchitis, asthma, cellulitis, chest pain, COPD, diabetes, heart failure, hypertension, ear infections, pneumonia, respiratory infections

Focused Efforts in the Health Care System to Improve Health Status of Populations

Historically, the focus of medical care is to address the health problems of individuals, not to improve the health of populations. This distinction is changing as payers attend to the impact of poor health on worker productivity and health insurers require more prevention in clinical practice. As a result, the old distinctions between public health and medical care are blurring. As **HEALTH *ACTION*** was designed as an effort to achieve health status improvement for the entire population the participation of health care providers is a critical element in community health improvement interventions.

Joint Community Service Plan

The development of a joint hospital community services plan is a substantial effort among the local medical care providers to work on collaborative community health status improvement. As part of the licensure of hospitals, NYS law requires that each hospital write a community services plan to detail how the hospital meets the health care needs of the area it serves. Traditionally, the plans have tended to resemble catalogues of ambulatory care and specialty services the hospital offers to the community. However the plans have not identified strategies to improve the health of the populations served.

In 1999, the Rochester hospitals committed to the development of a joint community services plan that would identify and describe joint activities that the hospitals perform related to the **HEALTH *ACTION*** priorities. Instead of submitting separate plans to NYS, the Rochester hospitals began submitting a single integrated plan, every other year. This approach became a model for other localities in the state.

Clinical Preventive Services

Health care providers are also actively involved in improving in the health status of their patients by promoting the use of clinical preventive services. Clinical preventive services are clinical activities, such as screenings, immunizations and counseling that associated with health status improvement.

Annually, the New York State Department of Health publishes its Quality Assurance Review Report (QARR) that scores all the managed care plans in New York State on clinical preventive service performance. The results are stratified by type of plan: commercial insurance, Medicaid Managed Care and Child Health Plus. Consistently, the local Blue Cross, Blue Shield and Preferred Care Plans score in the highest ranks among all New York State Plans.[17] In addition in March 2002, the Rochester Health Commission released a report titled “Rochester Health System Performance”. The primary data source for this report is Quality Compass ®,a database produced by the National Committee for Quality Assurance (NCQA)[18]. As of 1/3/02, the accreditation outcomes for the community managed care plans were as follows:

Blue Cross, Blue Shield of Rochester		Preferred Care	
Plan Type	**Outcome**	**Plan Type**	**Outcome**
Commercial	Excellent	Commercial	Excellent
Medicaid	Commendable	Medicaid	Not Reviewed
Medicare	Excellent	Medicare	Commendable

[17] QARR can be viewed at www.health.state.ny.us/nysdoh.eqarr/nmain.htm
[18] The report can be viewed at www. health.org.

Data on Adult and Older Adult Health Priority Goals for Action

This section includes updated data related to the health priorities for action for Monroe County listed below:

- Promote healthy behaviors to prevent chronic disease
- Promote use of preventive health services
- Promote behaviors that prevent or delay complications from chronic disease

Because the data were collected prior to the implementation of interventions to address the goals, they do not yet reflect the impact of these interventions.

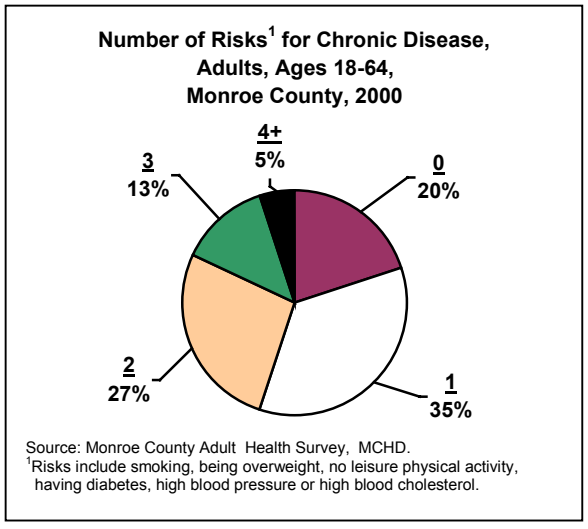
All of the priorities for action are related to primary or secondary prevention of chronic disease. The impact of chronic disease in our community is significant. Chronic diseases including heart disease, cancer, stroke, diabetes, and chronic lower respiratory disease, are the leading causes of death in Monroe County. These account for 64% of deaths among adults aged 18-64, and 71% of deaths among older adults aged 65+.

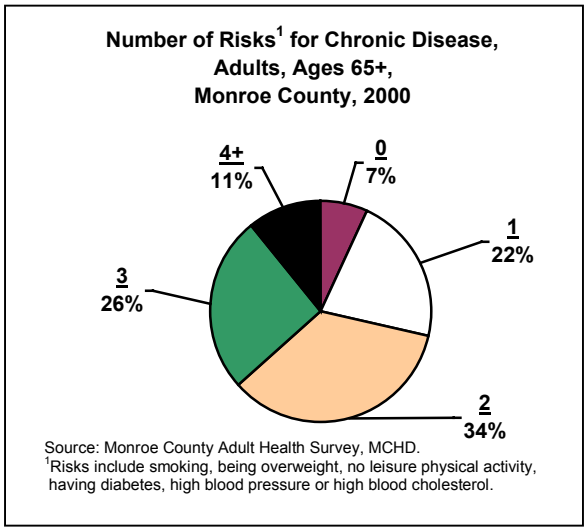
In addition to causing a majority of the deaths in the community, chronic disease impacts the quality of life of individuals and also has significant economic costs to the community. Nationally, 60% of medical care costs are due to chronic disease.[19] Risk factors for chronic diseases include lifestyle behaviors such as smoking, physical inactivity, and certain conditions such as high blood pressure, high blood cholesterol, and being overweight.

According to the Monroe County Adult Health Survey, 2000:

- 80.4% of adults aged 18-64 have one or more of these risks for chronic disease.
- 93.3% of adults aged 65+ have one or more risks.

The charts below detail the number of risks in each of these age groups.





- Among adults ages 18+, a higher proportion of African Americans (59.2%) have 2 or more of these risks, compared Whites (48.6%).

[19] Centers For Disease Control. *About Chronic Disease,* www.cdc.gov/nccdphp/about.htm (August 5, 2002).

Goal: Promote Healthy Behaviors To Prevent Chronic Disease

Reduce Smoking

Cigarette smoking is the single most preventable cause of disease and death in the United States.[20] It is a major risk factor for heart disease, stroke, lung cancer and chronic lung disease.[21] Smoking is not only harmful to those who smoke, it has also been shown to be harmful to those exposed to secondhand smoke.[22] It is estimated that each year in Monroe County, 1000 people die from cigarette smoking.[23] Nearly 17% of all deaths to Monroe County residents are attributable to smoking.

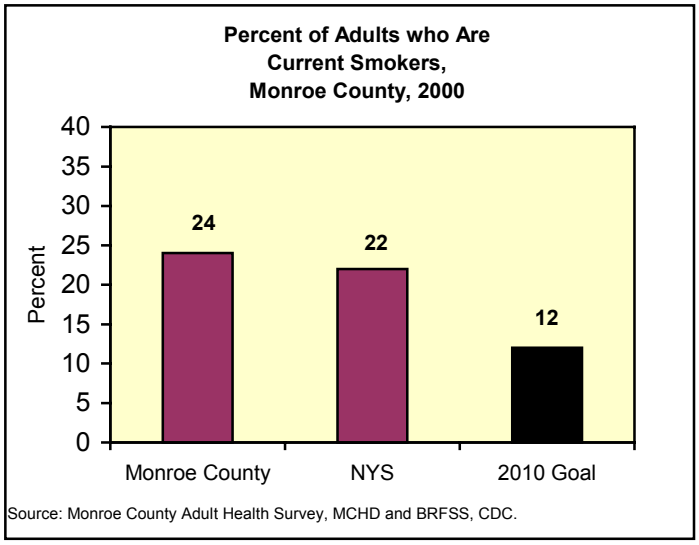
There are significant health benefits of smoking cessation including a reduced risk for developing tobacco related diseases, and a slowing of the progression of these diseases among those who are afflicted.[24] Studies have shown that a physician's advice to stop smoking increases the rate of smoking cessation by about 30%.[25] The U.S. Public Health Service recommends that clinicians and health care delivery systems institutionalize the consistent identification, documentation and treatment of every tobacco user seen in the health care setting.[26]

Current Smokers

According to the Monroe County Adult Health Survey, 2000:

- 23.7% of Monroe County adults reported they currently smoke cigarettes. When this rate is applied to the population of adults in Monroe County, it is estimated that approximately 130,000 adults in Monroe County smoke cigarettes.

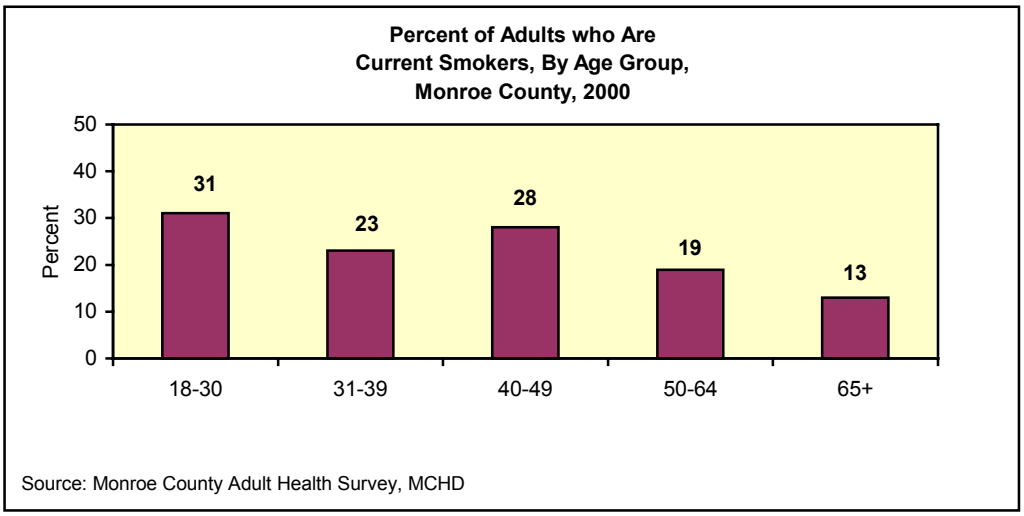
- The smoking rate of adults has not signficantly changed since 1997. It is comparable to the NYS rate, and remains well above the Year 2010 Goal.



[20] McGinnis JM, Foege WH. "Actual causes of death in the United States." *JAMA* 270 (1993):2207-12.
[21] Centers for Disease Control, *At A Glance: Targeting Tobacco Use: The Nation's Leading Cause of Death,* 2002. http://www.cdc.gov/tobacco/overview/oshaag.pdf (June 17, 2002)
[22] Glantz, SA and Parmely, WW. "Passive Smoking and Heart Disease: Mechanism and Risk." *JAMA* 273(1995):1047-1053.
[23] Based on a calculation using a Centers for Disease Control Program called *Smoking Attributable Mortality.* http://apps.nccd.cdc.gov/sammec/ (July 22, 2002).
[24] Department of Health and Human Services. "The Health Benefits of Smoking Cessation: A report of the Surgeon General." Washington, DC: Government Printing Office, 1990. DHHS publication # (CDC) 90-8416).
[25] Fiore MC, Bailey WC, Cohen SJ et al. *Treating Tobacco Use and Dependence*. Rockville, Md: DHHS, PHS, 2000.
[26] U.S. Public Health Service. *Treating Tobacco Use and Dependence: Summary,* June 2000. http://www.surgeongeneral.gov/tobacco/smokesum.htm (June 17, 2002)

- City residents are more likely to smoke (27%) compared to Suburban residents (19.9%). Smoking rates increase with decreasing education levels

- As shown in the chart below, smoking rates are highest among adults under age 50.



Exposure to Secondhand Smoke

Of respondents to the Monroe County Adult Health Survey 2000 who are not daily smokers:

- 46% reported being exposed to tobacco smoke inside their workplace, a restaurant or another public place in the 2 weeks prior to the survey. The rate was higher among City residents (50.0%), compared to Suburban residents (41.9%), among males (52.3%), compared to females (40.9%) and among younger adults (51.1%) compared to older adults (20.8%).

Physician Screening and Counseling

Of respondents to the Monroe County Adult Health Survey, 2000:

- 43% reported that a doctor or health care provider has ever talked with them about whether or not they smoke.

- Of current smokers, 68.4% reported that they were advised by their physician to quit smoking. This rate is has not changed since 1997.

According to the 2001 Report on Managed Care Performance (QARR):

- 70% of current smokers enrolled in Excellus Rochester (commercial) and 77% of those enrolled in Preferred Care (commercial) reported that in the past 12 months their physician advised them at least once to quit smoking.

Increase Physical Activity

The Surgeon General's Report on Physical Activity and Health concluded that people of all ages benefit from regular physical activity. Physical activity reduces the risk of premature mortality in general, and mortality from coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular. Physical activity also improves mental health and is important for the health of muscles, bones, and joints. Significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all days of the week. Additional health benefits can be gained by increasing the amount of time spent engaging in the activity and/or increasing the intensity of the activity.[27]

No Leisure Time Physical Activity

No leisure-time activity is defined as not participating in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise in the past month. According to the Monroe County Adult Health Survey:

- 28% of respondents reported engaging in no leisure time physical activity in the month prior to the survey. This rate is comparable with New York State data and has not met the Year 2010 Goal (20%).

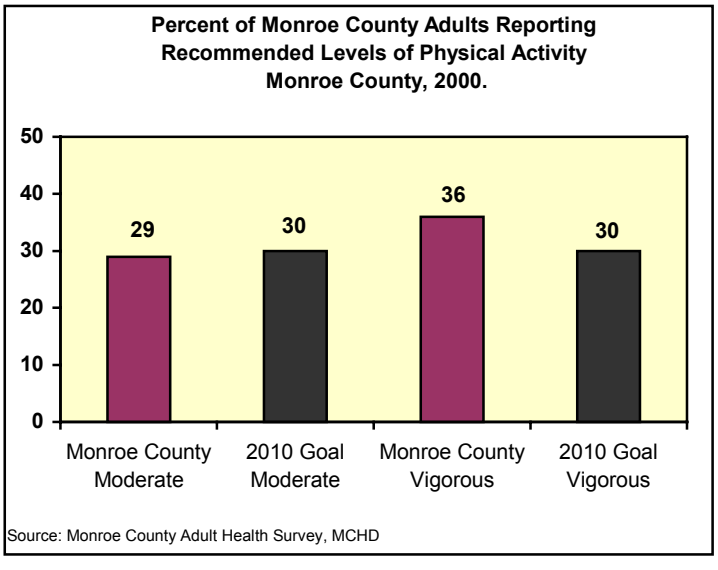
Rates of no leisure-time activity were higher among females (32%), compared to males (23%), among African Americans (35%), compared to Whites (26%) and among older adults ages 65+ (35%) compared to younger adults ages 18-64 (26%).

Regular Moderate and/or Vigorous Activity

Regular moderate activity is defined as engaging in moderate intensity activity that slightly increases breathing and heart rate for at least 30 minutes per day on 5 or more days per week. Regular vigorous activity is defined as engaging in vigorous intensity activity that causes heavy sweating and large increases in breathing and heart rate for at least 20 minutes per occasion on 3 or more days per week.

According to the Monroe County Adult Health Survey, 2000:

- The rate of regular moderate activity among Monroe County adults is lower than the Year 2010 Goal, while the rate of regular vigorous activity has achieved the Year 2010 Goal.
- Males have higher rates of moderate activity (33%) and vigorous activity (41%) compared to females (26% and 32% respectively).



[27] U.S. Department of Health and Human Services, CDC, National Center for Disease Promotion. *Physical Activity and Health: A Report of the Surgeon General,* 1996.

Any Regular Physical Activity

Any regular physical activity is defined as engaging in regular moderate activity or engaging in regular vigorous activity or doing both.

According to the Monroe County Adult Health Survey, 2000:

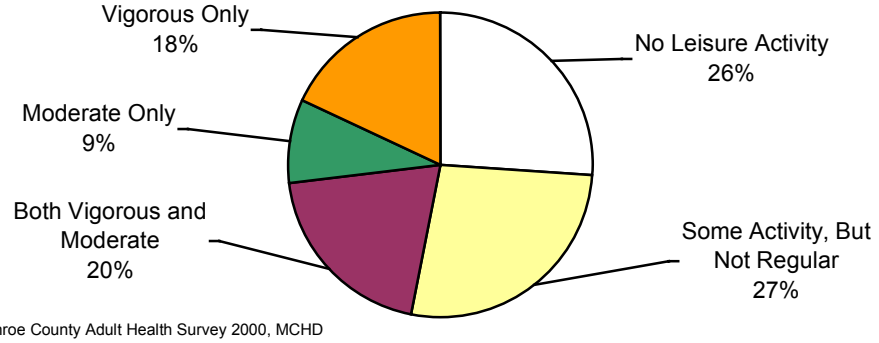
- 46% of adults reported that in an average week they engage in any regular physical activity. The rate is higher among younger adults aged 18-64 (47%), compared to adults aged 65+ (39%).

- 19% reported engaging both regular moderate activity and regular vigorous activity. The rate is higher among younger adults (20%), compared to older adults (12%).

Summary of Levels of Physical Activity

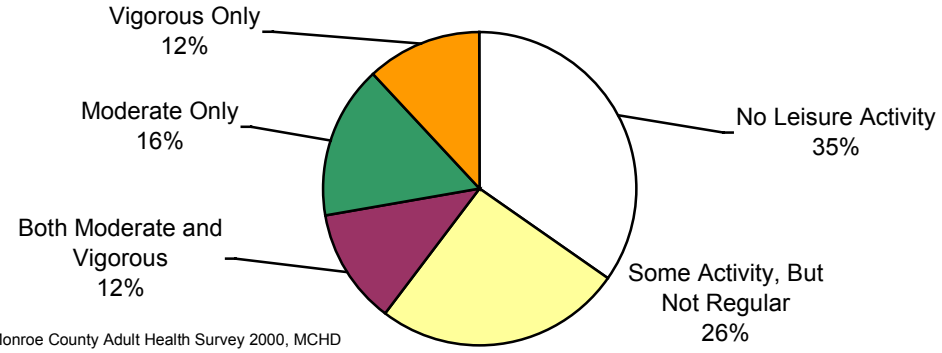
The tables below summarize the self-reported rates of physical activity level among Monroe County adults by age group.

Self-Reported Rates of Physical Activity, Monroe County Adults aged 18-64



Source: Monroe County Adult Health Survey 2000, MCHD

Self-Reported Rates of Physical Activity, Monroe County Adults aged 65+



Source: Monroe County Adult Health Survey 2000, MCHD

Stages of Change in Adopting a Physically Active Lifestyle

Within a community, people vary considerably in their readiness to increase their physical activity. James Prochaska and colleagues have developed the Stages of Change model which describes five stages that individuals go through when changing their behavior.[28] Knowing what stage an individual is in can determine appropriate interventions. For example, for an individual who is not currently active and does not intend to increase activity, the targeted intervention should probably be a program that focuses on how physical activity can improve overall health and daily functioning. Another person may want to be more physically active, but doesn't know how to start. The appropriate intervention may be a beginning exercise class.

Respondents to the Monroe County Adult Health Survey, 2000, were asked about the frequency, duration and intensity of the physical activity they engage in and whether they plan to increase their level of physical activity in the next 6 months. Below are the results of these questions. These stages do not exactly match the stages developed by Prochaska as the questions were not identical. They provide useful information however, for targeting activities to increase levels of physical activity.

Monroe County Adults, by Stage of Change for Achieving Regular Physical Activity, 2000

Stage	Definition- Monroe County Health Survey, 2000	Age 18+	Age 18-64	Age 65+
Pre-contemplation	Did not engage in physical activity in the past month, and has no intention of increasing level of physical activity in the 6 months.	12.4%	10.6%	23.0%[1]
Contemplation	Did not engage in physical activity in the past month, but plans to increase level of physical activity in the next 6 months.	14.3%	14.9%	10.6%
Exercise irregularly, with no intention to increase	Participated in some physical activity in the past month, but not regularly[2], and does not plan to increase level of physical activity in the next 6 months.	10.9%	9.8%	17.4%[1]
Preparation	Participated in some physical activity in the past month, but not regularly[2], and plans to increase level of physical activity in the next 6 months.	16.4%	17.5%	9.8%[1]
Action	Regularly[2] active for less than 6 months	5.2%	5.6%	2.3%[1]
Maintenance	Regularly[2] active for 6 months or more	40.8%	41.6%	36.9%

Source: Monroe County Adult Health Survey, MCHD.
1. Rates among adults aged 65+ are significantly different compared to those aged 18-64.
2. Regularly active is defined as participates in moderate physical activity for 30 minutes or more, 5 or more days per week, or participates in vigorous physical activity for 20 minutes or more, 3 or more days per week or participates in both.

[28] U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity. *Promoting Physical Activity: A Guide for Community Action,* . Champaign, IL: Human Kinetics, 1999.

A higher proportion of males (46%) are in the maintenance phase compared to females (36.6%).

Among older adults, it is encouraging to note that 36.9% are in the maintenance phase of physical activity. Forty-percent however, are not regularly active and have no plans to increase their activity level. The rate of not being regularly active is nearly two times higher among those aged 85 and older (81.5%), compared to those aged 65-84.

Improve Nutritional Intake

Nutritional intake can impact one's risk for developing many chronic diseases including heart disease, stroke, diabetes, certain types of cancers and osteoporosis.[29] Three aspects of nutritional intake that can affect one's risk for chronic disease include consumption of foods high in saturated fats, cholesterol and trans-fats, fruit and vegetable intake and calcium intake. Foods high in saturated fat, trans-fat and cholesterol tend to raise blood cholesterol and high blood cholesterol is a risk factor for heart disease.[30] Diets rich in fruits and vegetables are associated with a decreased risk of developing certain chronic diseases.[31] Adequate calcium intake, along with regular exercise can help maintain good bone mass and decrease the risk of osteoporosis.[32]

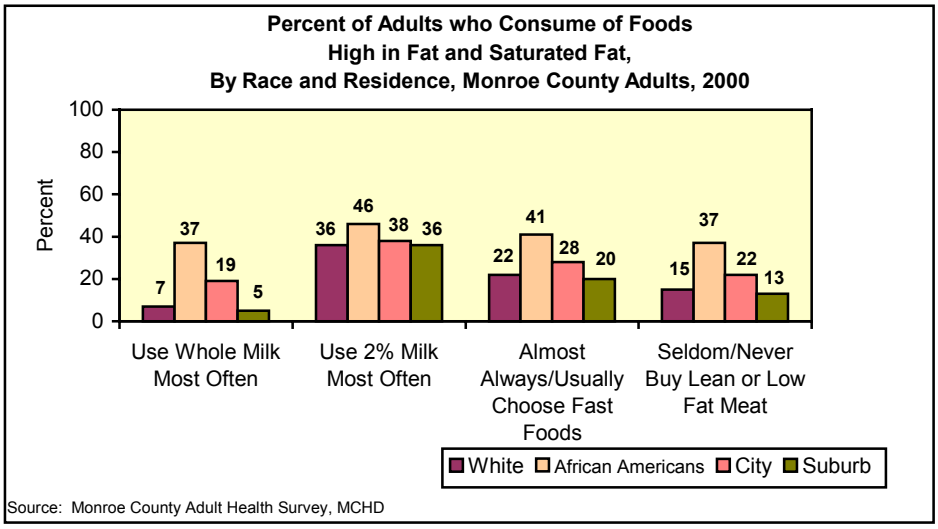
Intake of Foods High in Saturated Fat and Trans Fat

In the Monroe County Adult Health Survey 2000, respondents were asked about their intake of foods high in saturated fat and trans-fat. Of respondents:

- 12.5% reported that whole milk is the type of milk they most often use.
- 37.2% reported that 2% milk is the type of milk they most often use.
- 14.4% reported that stick margarine, butter, lard, shortening, or bacon fat is the type of fat they most often use for cooking.
- 48.3% reported that stick margarine or butter are the types of fat that they use on bread and vegetables.
- 24.2% reported that they almost always or usually choose fast foods when eating out.
- 17.7% reported they seldom or never buy low fat or lean meats.

[29] McGinnis JM, Foege WH. "Actual causes of death in the United States." *JAMA* 270 (1993):2207-12.
[30] U.S. Department of Agriculture, and the U.S. Department of Health and Human Services, *Dietary Guidelines for Americans*, 2000, http://www.usda.gov/cnpp/DietGd.pdf (June 20, 2002).
[31] Bendich, A., Decelbaum, R. (ed.) *Preventive Nutrition*. New Jersey: Humana Press, 1997, 428-429.
[32] U.S. Department of Health and Human Services, *Healthy People 2010 Volume 2*, http://www.health.gov/healthypeople/Document/pdf/Volume2/19Nutrition.pdf (June 14, 2002).

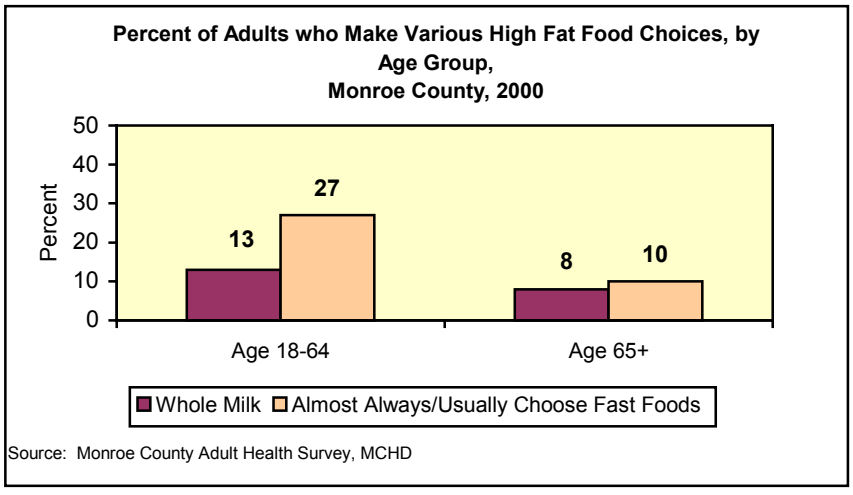
- Consumption of high fat foods is more prevalent among African-Americans and City of Rochester residents as shown in the chart below.



- Males (28.3%) are more likely than females (20.6%) to almost always/usually choose fast foods when eating out.

- A higher proportion of males (20.9%) compared to females (14.9%) reported that they seldom or never buy lean or low fat meat.

As shown in the chart below, adults ages 18-64 are more likely than adults aged 65 and older to choose high fat foods.



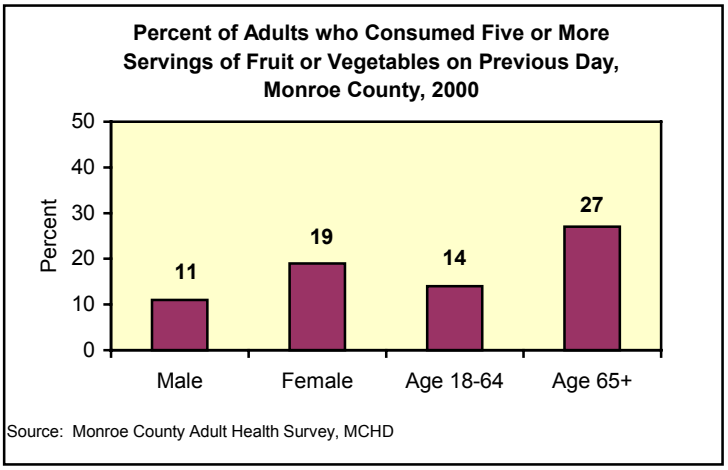
Intake of Fruits and Vegetables

The Food Guide Pyramid recommends that adults consume at least 5 servings of fruits and vegetables per day.

According to the Monroe County Adult Health Survey, 2000:

- 15.5% of adults reported they consumed 5 or more servings of fruits and vegetables on the day preceding the survey. This rate is not different from the rate in 1997.

- Reported rates of consuming 5 or more fruits and vegetables per day are highest among females compared to males, and among older adults, compared to adults under age 65 as shown in the chart to the right.



Calcium Intake

The Food Guide Pyramid recommends that adults consume 2-3 servings of milk products per day. Adequate calcium intake can also be achieved by consuming other high calcium foods, calcium fortified foods and calcium supplements. The recommended calcium intake for adults under age 51 is 1000 mg and for adults age 51+ , it is 1200mg.[33]

Two questions were included in the Monroe County Adult Health Survey pertaining to calcium intake. One question asked about the frequency of milk intake, the other about intake of calcium supplements.

According to the survey:

- 60.6% of adults reported consuming two or more servings of milk or milk products on the day prior to the survey. The rate was higher among Whites (63%), compared to African Americans (48.6%).

- 76.5% of adults aged 18-50, and 78.8% of those over age 50, reported taking daily calcium supplements and/or consuming 2 or more servings of milk products on the day prior to the survey. Among adults over age 50, a higher proportion of females (87.2%) compared to males (67.0%) reported taking calcium supplements and/or consuming two or more servings of milk. Although these data do not provide an exact count of the proportion of adults meeting the calcium recommendations, they do provide an indication of calcium intake among Monroe County adults.

[33]Institute of Medicine. *Dietary Reference Intakes for Calcium, Phosphorous, Magnessium, Vitamin D and Fluoride,* Washington, D.C.: National Academy Press. 1997.

Maintain a Healthy Weight

According to the National Heart, Lung and Blood Institute, overweight or obesity substantially raises the risk of developing hypertension, high cholesterol, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial, breast, prostate, and colon cancers. Higher body mass is also associated with an increase in all-cause death rates.[34] Weight loss or prevention of weight gain is recommended for all those who are overweight or obese.[34]

Body Mass Index (BMI) is an indicator of total body fat, which is related to increased risk for disease. BMI (weight in kg/(height in meters^2)) is the recommended measure to assess for healthy weight (BMI≥18.5 and ≤24.9), overweight (BMI of 25 to 29.9) and obesity (BMI≥30). In the Monroe County Adult Health Survey, as well as the BRFSS New York State data, BMI is based on self-reported height and weight.

Healthy Weight, Overweight, Obese

According to the Monroe County Adult Health Survey, 2000:

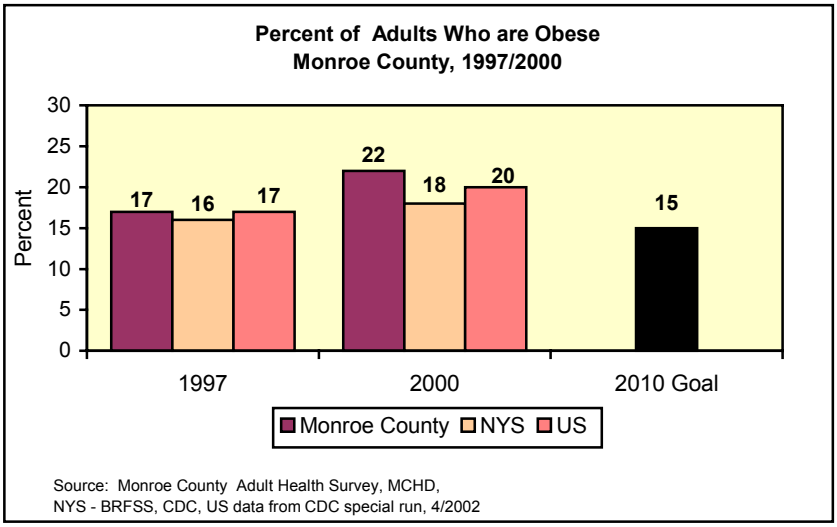
- 42.2% have BMI's within the healthy weight range. This is well below the 2010 Goal of 60%. Rates of healthy weight are highest among females (49.7%) compared to males (33.7%) and among Whites (43.2%), compared to African Americans (30.1%).

- 34.2% have BMI's within the overweight range. The rate is higher among males (42.0%) compared to females (27.3%). This difference may be due in part to the fact that BMI sometimes overestimates body fat in very muscular individuals.[24]

- 22.3% of adults are considered obese. This rate is higher than New York State (17.7%), comparable to the U.S. rate (20.4%), and well above the 2010 Goal (15%).

- Mirroring national trends, the rate of obesity increased in Monroe County between 1997 and 2000.

- Rates of obesity are highest among African Americans (34.0%) compared to Whites (20.8%) and among City residents (24.9%) compared to Suburban residents (19.3%).



[34] National Institutes of Health. *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*,1998 http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf (June 14, 2002)

Trying to Lose Weight

Of respondents to the Monroe County Adult Health Survey with BMI's in overweight or obese range:

- 56.9% reported that they were currently trying to lose weight. A higher proportion of overweight/obese females (68.1%) compared to males (47.7%) were currently trying to lose weight.

Physician Counseling

Of respondents to the Monroe County Adult Health Survey with BMI's in the overweight or obese range who visited a doctor in the past year:

- 29.2% reported they were advised by a health professional to lose or maintain weight. A higher proportion of those in the obese range (43.7%) were advised compared to those in the overweight range (18.9%).

- 35% reported that a doctor or health care professional talked with them about their diet or eating habits.

- 40.5% reported that a doctor or health care professional talked with them about their physical activity or exercise.

Goal: Promote Use of Preventive Health Services

Preventive health services include: immunizations; screening and tests to detect asymptomatic disease or risk factors at early, treatable stages; medical management of disease to prevent further complications; and screening for and counseling about behavioral risk factors.

Increase Rates of Immunizations to Prevent Flu and Pneumonia

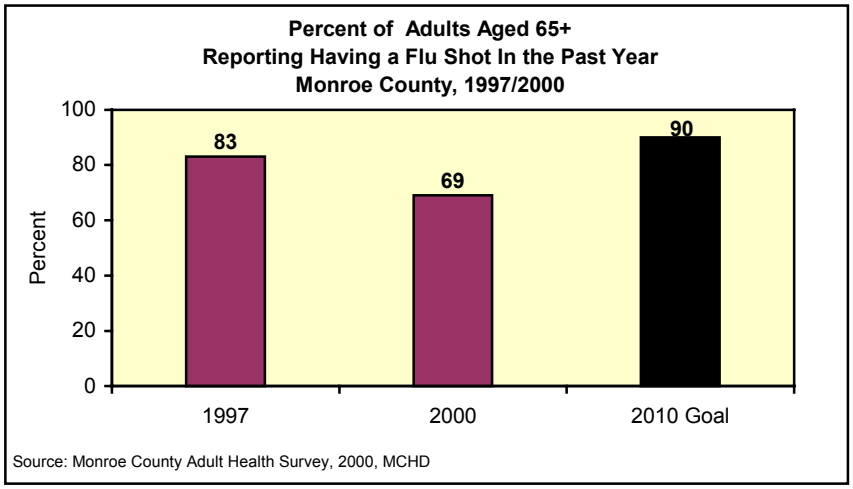
Flu and pneumonia are the fourth leading causes of death in Monroe County resulting in 200-300 deaths per year. Getting a flu shot and receiving a vaccine to prevent pneumoccocal disease can help prevent severe illness, hospitalization and death among high-risk individuals.

Flu

The Centers for Disease Control and Prevention (CDC) recommends that all persons over age 50 years old, and those younger than 50 with chronic diseases, get a flu shot annually.[35] Prior to the Year 2000, annual flu shots for the general population were recommended only for those age 65 and older.

According to the Monroe County Adult Health Survey, 2000:

- 52.8% of adults ages 50 and older reported they received a flu shot in the past year.
- 29.1% of adults under age 50 who have a chronic condition reported that they had a flu shot in the past year.
- 68.8% of adults aged 65 and older reported they received a flu shot in the past year. This rate is lower than the Year 2010 Goal and decreased since 1997. The decline was most likely due to the delay in vaccine availability in the fall of 2000.



- Among adults aged 65 and older, there is a significant disparity in flu immunization rates between African Americans (38.4%) and Whites (70.9%).

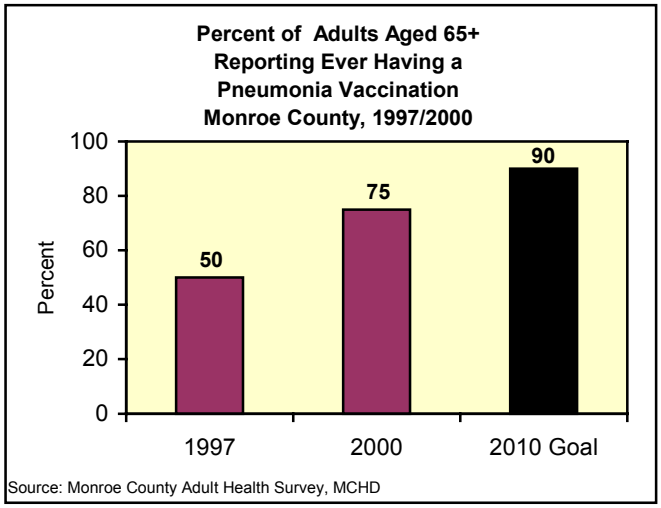
[35] Centers For Disease Control. *Summary of Adolescent/Adult Immunization Schedule*, 2002, http://www.cdc.gov/nip/recs/adult-schedule.pdf (June 27, 2002)

Pneumonia

The CDC recommends that all persons ages 65 and older, and all adults who have certain chronic conditions, be administered the vaccine to prevent pneumococcal disease.[36]

According to the Monroe County Adult Health Survey, 2000:

- 75.4% of adults aged 65 and older reported they ever had the vaccine. This rate increased significantly since 1997, but remains below the Year 2010 Goal.
- Rates of pneumonia vaccination improved among both African Americans and Whites since 1997. The rates are still disparate, however, with only 42.9% of African-Americans vaccinated compared with 77.8% of Whites.
- Among who those under age 65 who have a chronic condition, only 24% ever received the vaccine to prevent pneumococcal disease.



Increase Cancer Screening

Early detection of certain types of cancers through screening can increase treatment options, improve quality of life and reduce mortality.[37]

Mammograms

The US Preventive Services Task Force has recently changed their recommendations for mammography. Currently, a mammogram is recommended every 1-2 years, for all women aged 40 and older.[38] At national, state and local levels, progress toward this goal is being tracked, largely through estimates based on self-report. However, because several studies have shown that self-report tends to overestimate actual mammography use, these estimates must be cautiously interpreted.[39]

According the Monroe County Adult Health Survey, 2000:

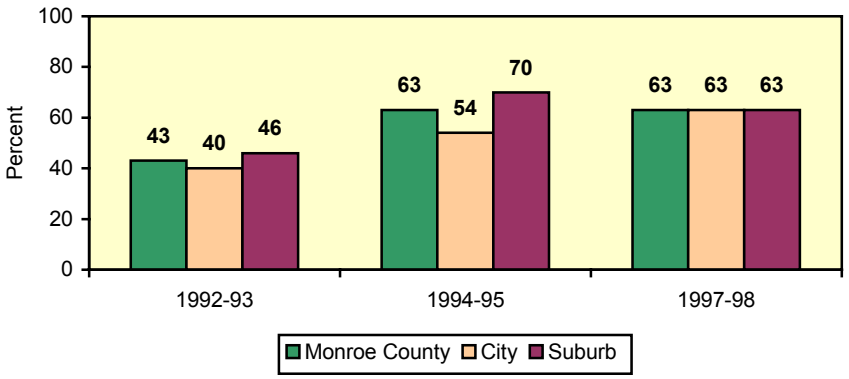
- 93.3% of women ages 40 and older reported having had a mammogram within one to two years. There appears to be no differences between area of residence, race and age. The rate is significantly higher than the 2010 Goal (70%).

[36] Centers For Disease Control. *Summary of Adolescent/Adult Immunization Schedule,* 2002 http://www.cdc.gov/nip/recs/adult-schedule.pdf (June 27, 2002)
[37] American Cancer Society. *Cancer Facts and Figures, 2002.* http://www.cancer.org/downloads/STT/CancerFacts&Figures2002TM.pdf (June 27, 2002)
[38] Agency for Healthcare Research and Quality. *Screening for Breast Cancer. Recommendations and Rationale.* February 2002. http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm (June 14, 2002)
[39] K. Kerlikowske et.al, *Efficacy of Screening Mammography: A meta-analysis,* JAMA 273 (1995) 149-154.

According to the Women's Health Partnership, Record Radiology Study:

- Total county mammography rates increased between 1992-93 and 1994-95 and leveled off in 1997-98. Overall screening rates, which were lower in city compared to suburban areas, have increased, and city and suburban rates have converged at approximately 63%. Thus, mammography utilization in city areas has reached a level similar to that in suburban areas.

Mammography Rates, Women Aged 50-74, By Area of Residence, Monroe County



Source: Monroe County Women's Health Partnership

According to the 2001 Report on Managed Care Performance (QARR):

- More than 80% of female commercial HMO enrollees aged 52-69 received a mammogram within the past year

Percentage of Women Who Had a Mammogram[1], 2000

Plan	Commercial	Medicaid
Excellus, Rochester	82%[2]	73%[3]
Preferred Care	83%[2]	57%[4]
Statewide Average	75%	64%

10Source: New York State Health Department. *eQARR: An Interactive Report on Managed Care Plans Performance in New York State* , 2001.<http://www.health.state.ny.us/nysdoh/mancare/qarrfull/qarr01/qarr2001.pdf> (July 15, 2002)

1. Percentage of women ages 52-69, continuously enrolled in the plan for the measurement year and had one or more mammograms
2. Statistically better than the statewide average for commercial plans
3. Statistically better than the statewide average for Medicaid plans
4. Not statistically different from the statewide average

Cervical Cancer Screening

The U.S. Preventive Services Task Force recommends that all sexually active women receive a pap test every three years to screen for cervical cancer.[40]

According to the 2001 Report on Managed Care Performance (QARR):

- More than 85% of female enrollees in Commercial HMOs received a PAP test in the past 3 years. Rates for both local commercial plans are higher than the statewide average.

Percentage of Women Who Had Cervical Cancer Screening, 2000

Plan	Commercial[1]
Excellus, Rochester	89%[2]
Preferred Care	85%[2]
Statewide Average	80%

Source: New York State Health Department. *eQARR: An Interactive Report on Managed Care Plans Performance in NYS* , 2001 .<http://www.health.state.ny.us/nysdoh/mancare/qarrfull/qarr01/qarr2001.pdf> (July 15, 2002)

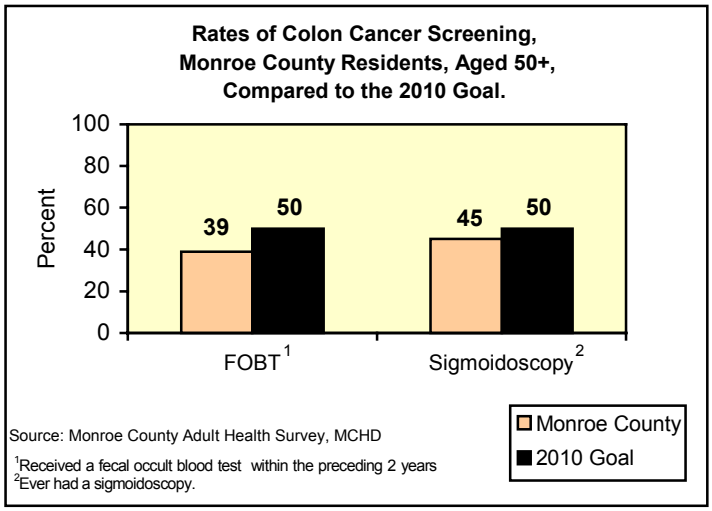
1. Percentage of women ages 21-64, who were continuously enrolled in the plan for 3 years and had one or more PAP tests within the last 3yrs.
2. Statistically better than the statewide average for commercial plans

Colorectal Cancer Screening

The U.S. Preventive Services Task Force recommends that all persons aged 50 and older be screened for colorectal cancer, including an annual fecal occult blood test (FOBT) and/or a sigmoidoscopy at intervals determined by the individual's physician.[41]

According to the Monroe County Adult Health Survey, 2000:

- Rates of colon cancer screening are well below the Year 2010 Goals for the Nation. (see chart to the right)



- The proportion of adults having had either a fecal occult blood test in the previous 2 years or a sigmoidoscopy in the previous 5 years is 56.6%. The rate is higher among Whites (58.3%) compared to African Americans (41.7%).

[40] Agency for Healthcare Research and Quality. *Guide to Clinical Preventive Services Task Force, Second Edition, Report of the Clinical Preventive Services Task Force*, 1996. http://www.ahrq.gov/clinic/2ndcps/cervican.pdf (June 24, 2002).
[41] Agency for Health Care Research and Quality, *Guide to Clinical Preventive Services, Second Edition, Report of the Clinical Preventive Services Task Force,* 1996. http://www.ahrq.gov/clinic/2ndcps/colocan.pdf (June 24, 2002)

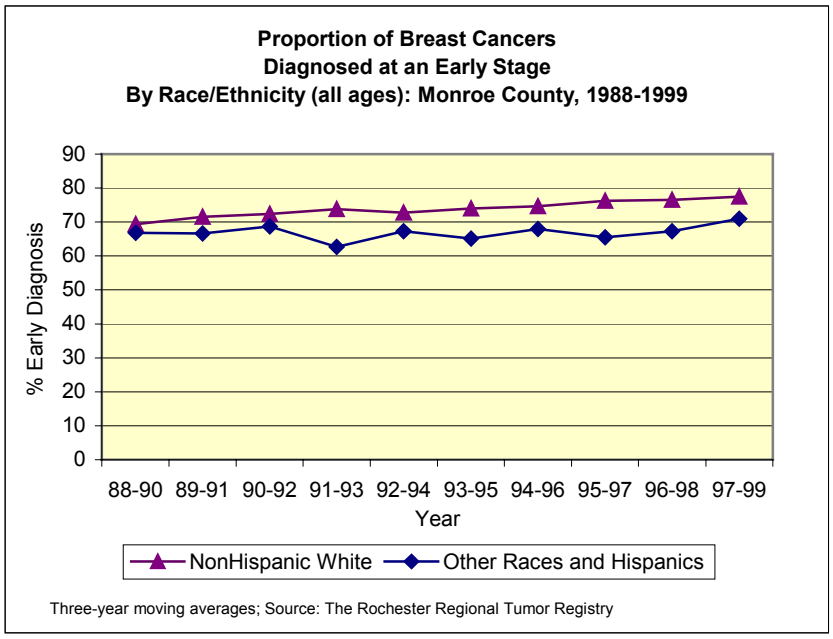
Increase the Proportion of Cancers that are Diagnosed Early

Breast Cancer

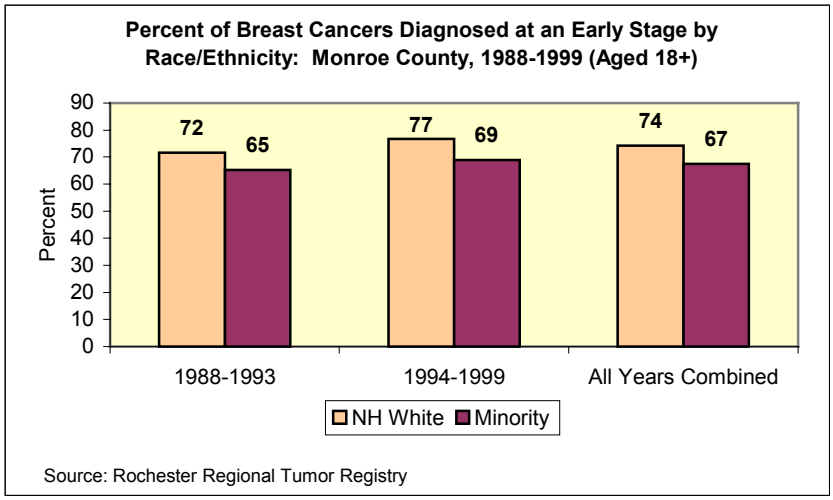
According to data from the Rochester Regional Tumor Registry:

Of breast cancers among Monroe County women diagnosed between 1994 and 1999, approximately 76% were classified as early stage (in-situ or local), a statistically significant increase from the previous six years (1988-1993), when 71% of breast cancers were diagnosed at early stage.

- A higher proportion of Non-Hispanic White women are diagnosed at an early stage compared women of other races and Hispanic women. (74% verses 67%, 1988-1999).



- The proportion of non-Hispanic White women diagnosed at an early stage has increased significantly from 72% to 77%.



Colon Cancer

According to data from the Rochester Regional Tumor Registry:

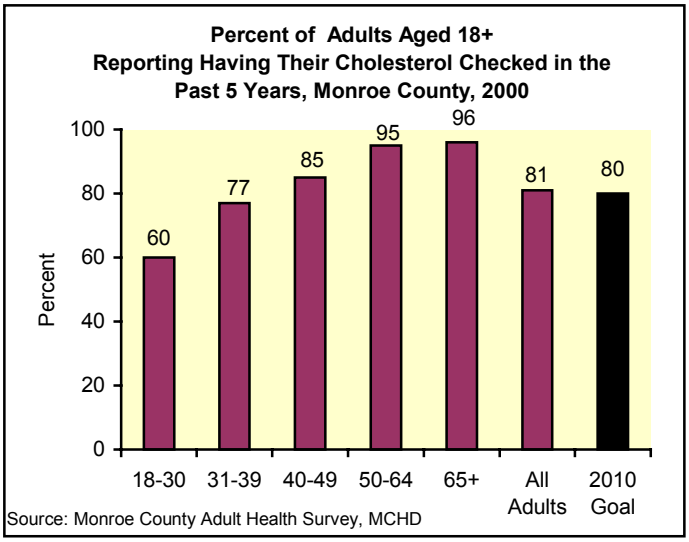
- The proportion of colon cancers diagnosed at an early stage increased during the 1990's from 39.3% (1988-1993) to 43.5% (1994-1999).

Increase Screening for High Blood Pressure and High Cholesterol

High blood pressure and high cholesterol are major risk factors for coronary heart disease. Identifying individuals with these conditions and reducing the levels through lifestyle changes and medication, could have a significant impact on population morbidity and mortality.[42,43]

According to the Monroe County Adult Health Survey, 2000:

- 95.1% of adults reported that they had their blood pressure checked within the past two years, and knew whether their blood pressure was high or normal at the time it was checked. This rate achieved the year 2010 Goal of 95%.
- 81% of adults aged 18 and older reported that they have had their cholesterol checked within the last five years. This rate increased since 1997 when it was 60.7% and is consistent with the Healthy People 2010 goal of 80%
- Cholesterol screening rates increase with age.
- Suburban residents have higher rates of cholesterol screening (84.7%), compared to City residents (77.6%).



Improve Management of High Blood Pressure and High Blood Cholesterol

After identifying individuals with high blood pressure and high cholesterol, it is important that they receive ongoing medical care to control these risk factors.

According to the Monroe County Adult Health Survey, 2000:

- 56.4% of those diagnosed with high blood pressure reported they were currently under a doctor's care for the disease. A higher proportion of older adults with high blood pressure are under doctor's care for this disease (77.7%) compared to younger adults (46.3%). There are no differences by race or residence.
- 40.7% of those diagnosed with high blood cholesterol reported they are currently under a doctor's care for this condition. This rate increased since 1997 when it was 28.9%. A higher proportion of adults aged 65 and older (58.7%) are under a doctor's care for this condition, compared to younger adults (34.1%).
- 31.6% of those under a doctor's care for high blood pressure reported that their blood pressure was high the last time it was checked.

[42] Agency for Healthcare Research and Quality. *Guide to Clinical Preventive Services Task Force, Second Edition, Report of the Clinical Preventive Services Task Force, 1996,* http://www.ahrq.gov/clinic/2ndcps/hyperten.pdf (June 14, 2002)
[43] National Heart, Lung and Blood Institute. *Third Report of National Cholesterol Education Program: Expert Panel on the Detection, Evaluation and Treatment of High Blood Cholesterol in Adults,* 2001.

- 56.3% of those under a doctor's care for high blood cholesterol reported that their blood cholesterol was high the last time it was checked.

Commercial HMO's also collect data on blood pressure control among their enrollees aged 46-85 who have been diagnosed with high blood pressure. According to the 2001 Report on Managed Care Performance (QARR)

- 36% of enrollees in Excellus, Rochester and 52% of enrollees in Preferred Care had a high blood pressure reading during their most recent visit to a doctor or clinic.

Increase Screening for Retinopathy Among Diabetics

The American Diabetes Association recommends that all adult diabetics should have an initial dilated eye examination shortly after the diabetes diagnosis is made, and annually thereafter. Timely treatment of patients with retinopathy can prevent vision loss.[44]

According to the Monroe County Adult Health Survey, 2000

- 76.6% of adults who were ever diagnosed with diabetes, had a dilated eye examination in the past year. This rate, has not changed since 1997, and meets the Year 2010 Goal (75%). Nationally in 1999, 61% of diabetics reported having a dilated eye examination in the past year.[45]

Increase Behavior Screening and Counseling by Health Care Professionals

The use of preventive health services is influenced by many variables including the patient's knowledge, belief and attitudes, access to health care and the emphasis placed on prevention by health care professionals. In the Monroe County Adult Survey, 2000, questions were asked of respondents to determine whether a health care professional had talked with them about a variety of risk factors. The results are outlined below.

Physical Activity

The U.S. Preventive Health Services Task Force concludes that there is insufficient evidence to recommend for or against behavioral counseling in primary care settings to promote physical activity. Studies of the effectiveness of brief counseling sessions of 3-5 minutes have not conclusively been shown to increase physical activity. More intensive counseling interventions that include goal setting, written prescriptions, and linking with community resources, however, have shown more promise than brief counseling sessions.[46]

According to the Monroe County Adult Health Survey, 2000:

- 37.5% of adults reported that in the past 3 years, a health professional or doctor talked with them about their physical activity or exercise. Rates are higher among females (40.8%) compared to males (33.6%). There were no differences among age groups or races.

[44] "Diabetic Retinopathy." *Diabetes Care* 25 (2002):90-93.
[45] National Health Interview Survey, 1999.
[46] Agency for Healthcare Research and Quality. *Behavioral Counseling in Primary Care to Promote Physical Activity: Recommendations and Rationale.* August 2002. http://www.ahrq.gov/clinic/3rduspstf/physactivity/ (October 10, 2002).

Diet and Nutrition

The U.S. Preventive Health Services Task Force recommends that physicians counsel their to patients to limit their dietary intake of fat (especially saturated fat and cholesterol), to maintain caloric balance in their diet and to emphasize foods containing fiber.[47]

According to the Monroe County Adult Health Survey, 2000:

- 30.4% of adults reported that in the past 3 years, a health professional or doctor talked with them about their diet or eating habits. There were no differences between age groups and race.

Problem Drinking

The U.S. Preventive Health Services Task Force recommends screening to detect problem drinking among all adults. [48]

According to the Monroe County Adult Health Survey, 2000:

- 14.9% of adults reported that in the past 3 years, a health professional or doctor talked with about alcohol use. The rate was higher among adults aged 18-64 (15.8%), compared to adults aged 65 and older (9.5%).

Drug Abuse

The U.S. Preventive Health Services Task Force concluded that there is insufficient evidence to recommend for or against routine screening for drug abuse.[49] When **HEALTH *ACTION***, obtained community input on priority health goals, mental health, including substance abuse, was seen as a critical issue in the community that overlapped with other health goals and could be a determinant of health status. As a result, screening for substance abuse was included in the priority goal dealing with use of preventive health services. A question about substance abuse screening was included in the Monroe County Adult Health Survey, 2000.

According to the survey:

- 10.7% of adults aged 18-64 reported that in the past 3 years, a health professional or doctor talked with them about drug abuse. The rate was higher among African Americans (17.3%) compared to Whites (9.4%).

[47] Agency for Healthcare Research and Quality. *Guide to Clinical Preventive Services Task Force, Second Edition, Report of the Clinical Preventive Services Task Force,* 1996. http://www.ahrq.gov/clinic/2ndcps/diet.pdf (June 14, 2002)
[48] Agency for Healthcare Research and Quality. *Guide to Clinical Preventive Services Task Force, Second Edition, Report of the Clinical Preventive Services Task Force,* 1996. http://www.ahrq.gov/clinic/2ndcps/drinking.pdf (June 14, 2002).
[49] Agency for Healthcare Research and Quality. *Guide to Clinical Preventive Services Task Force, Second Edition, Report of the Clinical Preventive Services Task Force,* 1996. http://www.ahrq.gov/clinic/2ndcps/drugab.pdf (October 22, 2002).

Depression

The U.S. Preventive Services Task Force recommends screening adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up.[50] The Agency for Health Care Policy and Research recommends that when medicine for depression is prescribed, there be clinical management to increase patient compliance, monitor treatment effectiveness and manage any side effects.[51]

According to the Monroe County Adult Health Survey, 2000:

- 28.3% of adults reported that in the past 3 years, a health professional or doctor talked with about whether or not they experience depression, anxiety or stress. The rate is higher among females (31.7%) compared to males (24.2%) and among adults aged 18-64 (29.9%), compared to adults aged 65 and older (18.6%). Among those aged 65 and older, rates are higher among Whites (19.9%) compared to African Americans (4.0%).

[50] Agency for Healthcare Research and Quality. *U.S. Preventive Services Task Force, Update, 2002.* http://www.ahrq.gov/clinic/3rduspstf/depression/depresswh.htm (June 14,2002).
[51] Agency for Healthcare Research and Quality. *Primary Care Research: Depression Can Be Treated Effectively in Primary Care Settings with Proper Controls and Specialty Consultation.* April 1999, No. 225 http://www.ahrq.gov/research/apr99/ra12.htm (September 27, 2002)

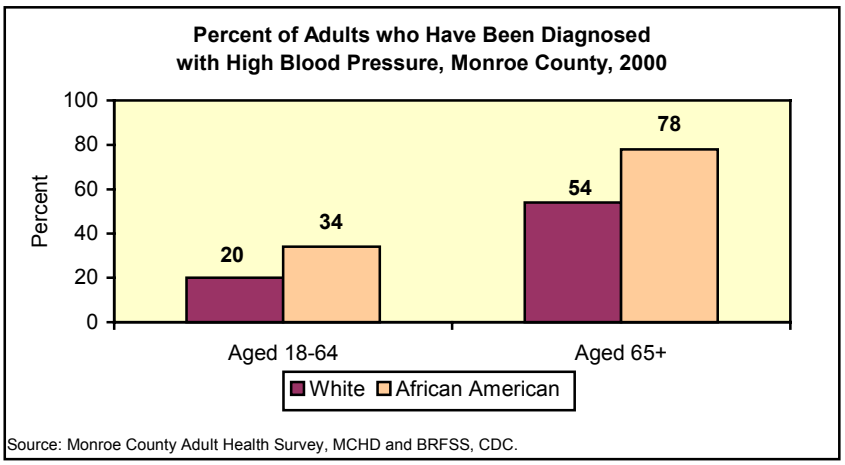
Goal: Promote Healthy Behaviors To Prevent Complications and Disability From Chronic Disease

Complications and disability from chronic diseases and conditions can often be prevented or delayed when individuals receive proper medical care and make appropriate behavioral lifestyle changes. Three conditions that are amenable to medical treatment and lifestyle changes include high blood pressure, high blood cholesterol and diabetes.[52,53 54]

Prevalence Estimates for Diagnosed High Blood Pressure, High Blood Cholesterol and Diabetes

Prevalence estimates for these three conditions/diseases from the Monroe County Adult Health Survey, 2000 are summarized below. Of Monroe County adults:

- 26.6% reported they have been diagnosed with high blood pressure. Older adults are more likely to have been diagnosed with high blood pressure (55.6%) compared to younger adults (21.4%). In both age groups, rates are significantly higher among African Americans compared to Whites as shown in the chart below.



Source: Monroe County Adult Health Survey, MCHD and BRFSS, CDC.

- 32.6% who ever had their blood cholesterol checked reported they have ever been diagnosed with high blood cholesterol. The rates are higher among Whites (35.1%) compared to African Americans (23.2%) and among older adults (48.3%) compared to adults under age 65 (28.7%).
- 5.5% reported that they have ever been diagnosed with diabetes. This rate is similar to the national rate, and the Monroe County rate in 1997. The rate is more than three times higher among adults ages 65+ (13%), compared to adults ages 18-64 (4.2%).

[52] National Heart, Lung, and Blood Institute. *Sixth Report of the Joint Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure*, 1997 http://www.nhlbi.nih.gov/guidelines/hypertension/jnc6.pdf (May 20, 2002).
[53] National Heart, Lung, and Blood Institute. Third Report of the National Cholesterol Education Program, Expert Panel on the Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, 2001. http://www.nhlbi.nih.gov/guidelines/cholesterol/chap_5.pdf (May 20, 2002)
[54] U.S. Department of Health and Human Services. "Healthy People 2010, Volume 1: Objectives for Improving Health, 2000. http://www.health.gov/healthypeople/Document/pdf/Volume1/05Diabetes.pdf (July, 1,2002)

Improve Nutrition and Increase Physical Activity Among Those with Chronic Diseases and Conditions

According to the National Heart, Lung and Blood Institute, lifestyle modification including diet, exercise and weight management can help to control high blood pressure and high blood cholesterol.[55,56] Nutrition, physical activity and weight management are also important to help control blood sugar, blood pressure and cholesterol among those with diabetes. [57]

Respondents to the Monroe County Adult Health Survey who were currently under their doctor's care for high blood pressure or high blood cholesterol were asked whether they were supposed to be following a diet and or exercise program to help control their conditions. In addition, they were asked how much of the time they follow their diet and/or exercise program. The results are shown below.

Of those under a doctor's care for high blood pressure:

- 24.3% reported they are supposed to be following a diet to control their condition. Of these respondents, 25.8% always follow their diet exactly as directed and another 31.7% almost always follow it.
- 21.0% reported they are supposed to be following an exercise program to control their condition. Of these respondents, 25.9% always follow their exercise program exactly as directed and another 29.2% almost always follow it.

Of those under a doctor's care for high blood cholesterol:

- 28.4% reported they are supposed to be following an exercise program to control their condition. Of these respondents, 19.7% always follow their exercise program exactly as directed and another 33.7% almost always follow it.
- 42.8% reported they are supposed to be following a diet to control their condition. Of these respondents, 23.2% always follow their diet exactly as directed and another 46.7% almost always follow it.

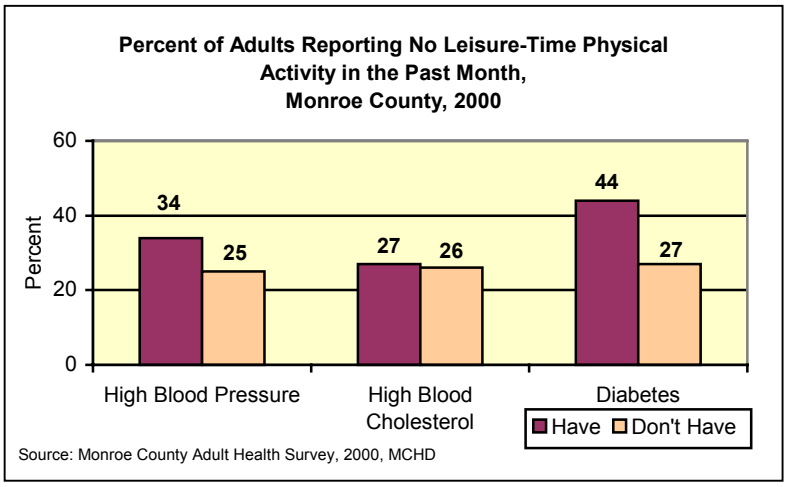
Respondents to the Monroe County Adult Health Survey, 2000 who visited a doctor for a routine checkup in the past 12 months were asked if their physician talked with them about diet and exercise. Below are the responses from those with various chronic diseases and conditions.

In the past year, their physician talked with them about their:	High Blood Pressure	High Blood Cholesterol	Diabetes
Diet	38.9%	38.4%	53.0%
Physical Activity	47.6%	42.2%	53.1%
Source: Monroe County Adult Health Survey, 2000, MCHD			

- A higher proportion of City residents (45.5%) with high blood pressure were counseled about their diet, compared to Suburban residents (31.5%).

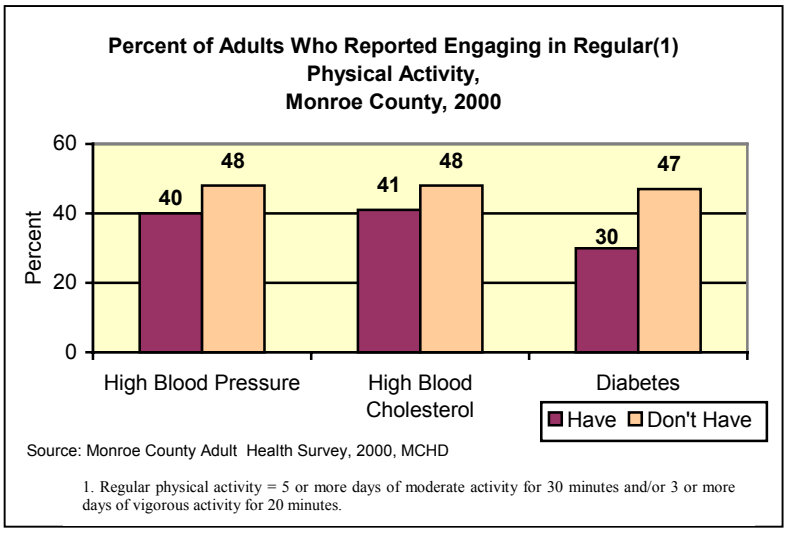
[55] National Heart, Lung and Blood Institute. *Sixth Report of the Joint Committee on Prevention, Detection, Evaluation and treatment of High Blood Pressure, 1999.* http://www.whi.nih.gov/guidelines/hypertension/jinc6.pdf (May 20, 2002)
[56] National Heart, Lung and Blood Institute. *Third Report of the National Cholesterol Education Program,: Expert Panel on the Detection, Evaluation and Treatment of High Blood Cholesterol in Adults, 2001.* http://www.nhlbi.nih.gov/guiduidelines/cholesterol./chap_5pdf (May 20, 2002)
[57] U.S. Department of Health and Human Services. *"Healthy People 2010, Volume 1: Objectives for Improving Health, 2000.* http://www.health.gov.healthypeople/Document/pdf/Volume1/05Diabetes.pdf (July 1, 2002)

Respondents to the Monroe County Adult Health Survey, 2000, were asked if they engaged in physical activity in the past month, and about the frequency and intensity of their physical activity. As shown in the chart to the right, a higher proportion of those with high blood pressure and with diabetes reported that they did not engage in physical activity in the past month, compared to those without these conditions.



A lower proportion of those with high blood pressure and with diabetes reported that they engaged in regular physical activity.

There were no differences in exercise practices among those with high blood cholesterol compared to those without high blood cholesterol.



Improve Medication Compliance Among those With Chronic Conditions

Treatment with certain medications has been shown to be an effective method to control high blood pressure and high cholesterol. Patient compliance is important for effective control.[58]

Respondents to the Monroe County Adult Health Survey who were currently under their doctor's care for either high blood pressure or high blood cholesterol were asked whether they were supposed to be taking medication for their condition and how much of the time they took their medication exactly as directed.

- 89.9% of those with high blood pressure reported they are supposed to be taking medication. Of these respondents, 90.6% responded that they always take their medication exactly as directed. Another 8.8% reported that they almost always take their medication as directed.
- 77.8% of those with high cholesterol reported they are supposed to be taking medication. Of these respondents, 91.1% responded that they always take their medication exactly as directed. Another 5.6% reported that they almost always take their medication as directed.

[58] U.S. Department of Health and Human Services. *Healthy People 2010, Volume 1: Objectives for Improving Health, 2000* http://www.health.gov/healthypeople/Document/pdf/Volume1/12Heart.pdf (October 5, 2002)

Data Summary for Adults/Older Adults

The charts on the following pages summarize measures for the priority health goals for all adults, younger adults aged 18-64 and older adults aged 65 and older. In many cases rates are similar for younger adults and older adults. In certain areas, however, rates are significantly different between the two groups. These differences have been taken into consideration as interventions to address these health goals are developed.

Compared to older adults, younger adults do worse in the following areas:

- Smoking
- Limiting consumption of certain high fat foods
- Fruit and vegetable intake
- Cholesterol screening
- Being under a doctor's care for high blood pressure and high cholesterol

Compared to younger adults older adults do worse in the following areas:

- Engaging in leisure-time physical activity
- Engaging in vigorous physical activity
- Physician screening and counseling for alcohol abuse
- Physician screening and counseling for depression, anxiety and stress
- Physician screening for smoking and counseling for smoking cessation

Goal: Promote Healthy Behaviors to Prevent Chronic Disease				
Percent of adults reporting:	**Adults Aged 18+**	**Adults Aged 18-64**	**Adults Aged 65+**	**Statistically Different?**
They are current smokers	23.7%	25.8%	12.5%	Yes
They are non-smokers who were exposed to secondhand smoke in a public place in the past 2 weeks	46.1%	51.1%	20.8%	Yes
They were advised by a medical provider in past year to quit smoking (of current smokers)	68.4%	68.5%	67.3%	No
They did not participate in leisure time physical activity in the past month	27.5%	26.3%	34.6%	Yes
They engage in regular moderate activity (5 or more days/week for 30 minutes)	28.9%	29.1%	27.8%	No
They engage in regular vigorous activity (3 or more days/ week for 20 minutes)	36.2%	38.4%	23.3%	Yes
They engage in any regular activity (moderate or vigorous)	45.5%	46.7%	38.9%	No
They most often use whole milk when they use milk	12.5%	13.4%	7.7%	Yes
They mainly use stick margarine, butter, lard, shortening, or bacon fat when cooking	14.4%	14.9%	11.8%	No
They mainly use stick margarine or butter on bread and vegetables	48.3%	49.3%	42.3%	No
They almost always or usually choose fast food when eating out	24.2%	26.5%	10.2%	Yes
They consumed 5 or more fruits or vegetables on the day prior to the survey	15.5%	13.5%	26.7%	Yes
They consumed 2 or more servings of milk or dairy products on the day prior to the survey	60.6%	61.6%	55.1%	No
They have a BMI within the healthy weight range (based on self-reported height/ weight)	42.2%	42.7%	38.4%	No
They have a BMI within the overweight range (based on self-reported height/weight)	34.2%	33.5%	38.3%	No
They have a BMI within the obese range (based on self-reported height/weight)	22.3%	22.7%	20.8%	No
They are trying to lose weight (those with a BMI in obese/overweight range)	56.9%	56.6%	59.1%	No
They were advised by a health professional to lose or maintain weight (those with a BMI in obese/overweight range)	29.2%	29.9%	26.4%	No
A health professional spoke with them about their diet or eating habits within the past year (those with a BMI in the obese/overweight range who visited the doctor for a routine check up in the past year)	35.0%	34.6%	36.8%	No
A health professional spoke with them about their physical activity or exercise, (those with a BMI in the obese/overweight range who visited the doctor for a routine check up in the past year)	40.5%	40.5%	40.8%	No

Goal: Promote Use of Preventive Health Services				
Percent of adults reporting:	**Adults Aged 18+**	**Adults Aged 18-64**	**Adults Aged 65+**	**Statistically Different?**
They had a flu shot in the past year (adults 65+)	68.8%			
They ever had the vaccine to prevent pneumoccocal disease (adults 65+)	75.4%			
They had a mammogram within the past 1-2 years (females aged 40+)	93.3%			
They had a fecal occult blood test in the past two years (age 50+)	38.5%			
They ever had a sigmoidoscopy (age 50+)	44.7%			
They had their blood pressure checked in the past 2 years	96.5%	96.1%	98.3%	No
They had their cholesterol checked in the past 5 years	81.0%	78.2%	95.7%	Yes
They are under a doctor's care for high blood pressure (of those with high blood pressure)	56.4%	46.3%	77.7%	Yes
They are under a doctor's care for high cholesterol (of those with high cholesterol)	40.7%	34.1%	58.7%	Yes
Their blood pressure was high the last time it was checked (of those under a doctor's care for high blood pressure)	31.6%	31.9%	31.2%	No
Their cholesterol reading was high the last time it was checked (of those currently under a doctor's care for high blood cholesterol)	56%	56%	55%	No
A health professional or doctor spoke with them about physical activity or exercise in the past 3 years	37%	37%	37%	No
A health professional or doctor spoke with them about diet or eating habits in the past 3 years.	30.4%	29.3%	37.0%	No
A health professional or doctor spoke with them alcohol use in the past 3 years	14.9%	15.8%	9.5%	Yes
A health professional or doctor spoke with them about drug abuse in the past 3 years (Ages 18-64)	10.7%			
A health professional or doctor spoke with them about whether or not they experience depression, anxiety, or stress in the past 3 years	28.3%	29.9%	18.6%	Yes
A health professional or doctor spoke with them about whether or not they smoke in the past 3 years	35.7%	40.0%	22.6%	Yes

Goal: Promote Healthy Behaviors to Prevent Complications and Disability from Chronic Disease				
Percent of adults reporting:	**Adults Aged 18+**	**Adults Aged 18-64**	**Adults Aged 65+**	**Statistically Different?**
They have ever been diagnosed with high blood pressure	26.6%	21.4%	55.6%	Yes
They have ever been diagnosed with high cholesterol (of those who were ever tested)	32.6%	28.7%	48.3%	Yes
They have ever been diagnosed with diabetes	5.5%	4.2%	13.0%	Yes
They are supposed to be following a diet to control their high blood pressure (of those currently under a doctor's care for high blood pressure)	24.3%	29.7%	17.7%	No
They always/almost always follow their diet as directed (of those who are supposed to be following a diet to control their blood pressure)	57.5%	53.4%	66.5%	No
They are supposed to be following an exercise program to control their high blood pressure (of those currently under a doctor's care for high blood pressure)	21.0%	24.6%	16.7%	No
They always/almost always follow their exercise program as directed (of those who are supposed to be following an exercise program to control their blood pressure)	55.1%	51.3%	62.5%	No
They are supposed to be taking medication to control their high blood pressure (of those currently under a doctor's care for high blood pressure)	89.9%	86.7%	93.9%	No
They always/almost always take their medication as directed (of those who are supposed to be taking medication to control their blood pressure)	99.4%	99.3%	99.4%	No
They are supposed to be following a diet to control their high blood cholesterol (of those currently under a doctor's care for high blood cholesterol)	42.8%	49.5%	33.3%	No
They always/almost always follow their diet as directed (of those who are supposed to be following a diet to control their high blood cholesterol)	69.9%	65.3%	80.3%	No
They are supposed to be following an exercise program to control their high blood cholesterol (of those currently under a doctor's care for high blood cholesterol)	28.4%	30.7%	25.3%	No
They always/almost always follow their exercise program as directed (of those who are supposed to be following an exercise program to control their high blood cholesterol)	53.4%	48.2%	63.0%	No
They are supposed to be taking medication to control their high blood cholesterol (of those currently under a doctor's care for high blood cholesterol)	77.8%	70.2%	89.1%	Yes
They always/almost always take their medication as directed (of those who are supposed to be taking medication to control their high blood cholesterol)	96.7%	94.9%	99%	No

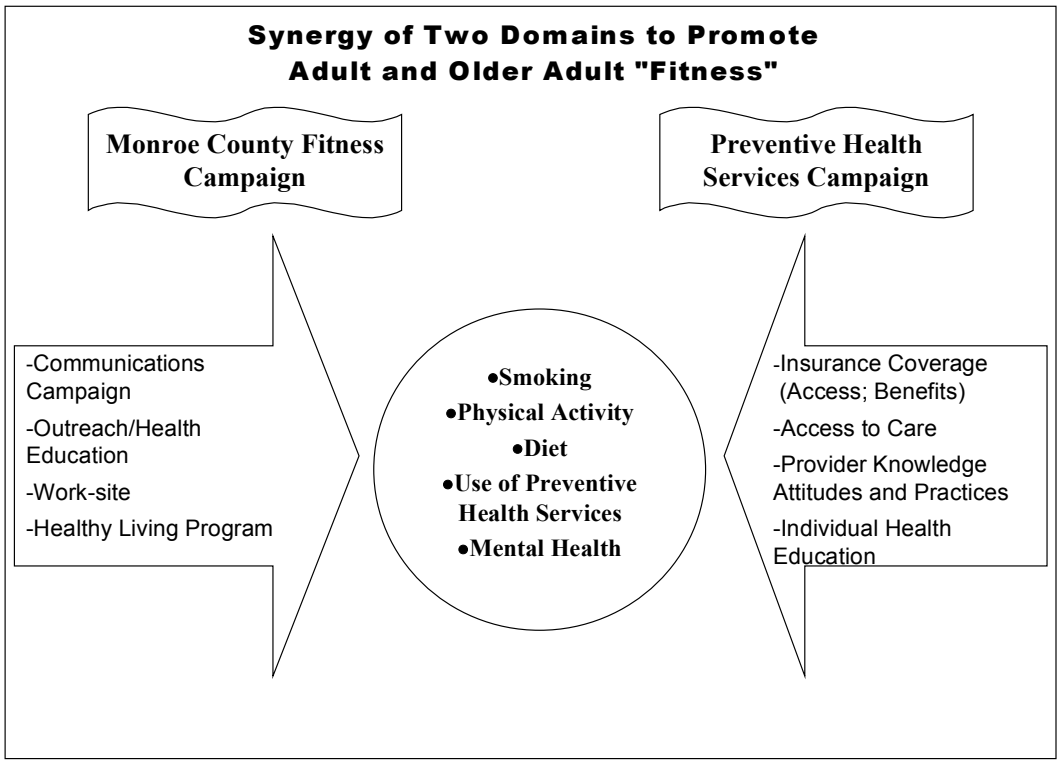
Goal: Promote Healthy Behaviors to Prevent Complications and Disability from Chronic Disease				
Percent of adults reporting:	**Adults Aged 18+**	**Adults Aged 18-64**	**Adults Aged 65+**	**Statistically Different?**
A doctor or health professional spoke with them about their diet within the past year (of those with high blood pressure who had a routine doctor visit in the past 12 months)	38.9%	43.1%	31.0%	No
A doctor or health professional spoke with them about their physical activity within the past year, (of those with high blood pressure who had a routine doctor visit in the past 12 months)	47.6%	51.3%	40.5%	No
A doctor or health professional spoke with them about their diet within the past year (of those with high blood cholesterol who had a routine doctor visit in the past 12 months)	38.4%	38.0%	35.2%	No
A doctor or health professional spoke with them about their physical activity within the past year (of those with high blood cholesterol who had a routine doctor visit in the past 12 months)	42.2%	42.0%	42.9%	No
A doctor or health professional spoke with them about their diet within the past year (of those with diabetes who had a routine doctor visit in the past 12 months)	53.0%	49.3%	59.4%	No
A doctor or health professional spoke with them about their physical activity within the past year (of those with diabetes who had a routine doctor visit in the past 12 months)	53.1%	52.5%	54.2%	No
They did not participate in leisure-time physical activity in the past month (of those with high blood pressure)	33.5%	32.7%	35.3%	No
They did not participate in leisure-time physical activity in the past month (of those with high blood cholesterol)	27.0%	26.5%	28.1%	No
They did not participate in leisure-time physical activity in the past month (of those with diabetes)	44.4%			
They engage in any regular activity (moderate or vigorous) (of those with high blood pressure)	39.8%	41.7%	35.7%	No
They engage in any regular activity (moderate or vigorous), (of those with high blood cholesterol)	40.5%	40.2%	39.3%	No
They engage in any regular activity (moderate or vigorous) (of those with diabetes)	29.6%	31.6%	26.0%	No

The Health Improvement Plan For Adult and Older Adult Priorities for Action

Overall Health Improvement Strategy

In 1999, the Board of Health selected priorities for action for both adults and older adults in Monroe County. Goals selected involved improving the use of preventive services and promoting healthy behaviors to prevent chronic disease.

Since the priorities for action were very similar in both the adult and older adult age groups, the Board of Health committees recommended the development of a single plan to address "fitness". Rather than establishing four partnerships to address the goals, the group elected to develop strategies as shown in the schematic below.



Priorities for action and activities related to this strategy are discussed on the following pages.

Goal: To Promote Healthy Behaviors to Prevent Chronic Disease

Increase Physical Activity

The initial focus of promoting fitness among Monroe County adults and older adults is to improve participation in regular physical activity. The Surgeon General's Report on Physical Activity and Health concluded that people of all ages, both male and female, benefit from regular physical activity and that significant health benefits can be obtained by including a moderate amount of physical activity on most, if not all days of the week. (Moderate activity is defined as that which causes light sweating or a slight-to-moderate increase in breathing or heart rate) [59] Additional health benefits can be gained through higher levels of physical activity.

Physical activity reduces the risk of premature mortality in general, and mortality from coronary heart disease, hypertension, colon cancer, and diabetes mellitus in particular. Physical activity also improves mental health and is important for the health of muscles, bones, and joints. [60]

The Healthy People 2010 Goals identify a sedentary lifestyle as a significant risk factor in the development of chronic disease. Goals for increasing physical activity include regular, moderate physical activity for five or more days each week **and/or** aerobic activity on three or more days/week.

Monroe County Objectives: By the year 2005:

1. Increase the percentage of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes/day.

   - Healthy People 2010 Goal: 30%
   - Monroe County Baseline: 29%
   - **Monroe County Target: 35%**

2. Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardio-respiratory fitness 3 or more days/week for 20 or more minutes per occasion.

   - Healthy People 2010 Goal: 30%
   - Monroe County Baseline: 36%
   - **Monroe County Target: 43%**

3. Reduce the proportion of adults who engage in no leisure time physical activity.

   - Healthy People 2010 Goal: 20%
   - Monroe County Baseline: 28%
   - **Monroe County Target: 20%**

4. Decrease the percentage of adults who are obese (BMI≥30).

   - Healthy People 2010 Goal: 15%
   - Monroe County Baseline: 22%
   - **Monroe County Target: 15%**

[59] National Health Interview Survey, Centers for Disease Control and Prevention, National Center for Health Statistics.
[60] Physical Activity and Health: A Report of the Surgeon General, U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion.

5. Reduce the rate of Frequent Mental Distress (FMD).
    - Monroe County Baseline: 9.8%
    - **Monroe County Target: 8.0%**

Strategy to Increase Physical Activity

The strategy to increase physical activity in Monroe County involves a community-wide campaign for the adult population (**Be Active**) with several components designed to promote physical activity. This approach is strongly recommended by the U.S. Task Force on Community Preventive Services and addresses the need for a broad based communications effort as well as the need for targeted interventions. This model provides multiple organizations an opportunity to play a critical role in promoting physical activity through changes in policies and priorities. The interventions are described below.

- ***Communications Campaign***

The initial focus of the communications campaign is educate adults in the community about the benefits of physical activity. Intervention messages will include strategies to raise awareness and change attitudes about physical activity and will provide motivation, connections to resources, promotional programs and reinforcement. to change specific behaviors to meet the objectives listed above.

- ***Work-site Health Alliance***

The Monroe County Health Department, the Chamber of Commerce and the Industrial Management Council joined together to form the Work-site Health Alliance. The project is led by the Wellness Council and involves the collaboration of multiple work-sites to develop health promotion programs with company specific goals. The materials and messages of this program will be consistent with those of the communications campaign. In June 2001, the alliance partnered with the Wellness Councils of America to bring Well Workplace University to Monroe County. More than 20 businesses participated and committed to developing plans to implement health promotion activities at their work sites.

- ***Healthy Living Program (HLP)***

Poor health status is more prevalent among minorities and those with a low income. There are greater barriers to behavior change among poor and minority populations and, therefore, special interventions are required to achieve the goals of this project.

The Healthy Living Program targets inner city, under-served and minority populations, and elderly and chronically ill populations. It builds on the interventions designed for the Women's Health Partnership and Congregation Healthy Heart Action Partnership to provide a readily accessible, culturally appropriate program. The Healthy Living Program includes: 1) screening for the major risk factors for chronic disease; 2) referral and follow-up to assure management of identified risk factors; 3) a 12 week introductory exercise program staffed by the Center for Lifetime Wellness and 4) health promotion classes facillitated by peer health counselors. Transitional case management assures access and the appropriate use of preventive health services. The health promotion classes focus on using the strength of social support, empowerment, and goal setting to improve the health of participants in the program. The underlying premise of the program is that a person's lifestyle choices, health, feelings and environment interact, and making positive changes in any of these areas can lead to better overall health. The class is designed to empower participants to make achievable changes to improve their health. Topics covered during the 12-week program include nutrition, physical activity, stress management, preventive health services and

communication with health care providers. Materials used and messages incorporated into the program are consistent with those of the communications campaign.

To date, 383 clients have completed the program. Of those who enrolled, 91% were African American and 88% were female. A large proportion had risks for chronic disease as shown in the table below.

Risks for Chronic Disease, Healthy Living Program Participants	
Hypertension	46%
High Cholesterol	27%
Diabetes	18%
Overweight or Obese (BMI>25)	98%

An outcome study of the Healthy Living Program is being conducted. When it is complete, a report will be posted on the **HEALTH *ACTION*** web-site[61]. Participant satisfaction surveys have shown that most have enjoyed the program. A few of the classes that completed the program were so enthusiastic they have opted to pay to have their class continue to work with their physical activity coach.

The Center for Lifetime Wellness recently received a grant for 2003 from **PROJECT BELIEVE**[62] to train a cadre of individuals from the African American and Hispanic communities as certified fitness instructors/peer health counselors. The goals of the program are to expand the availability and access of the Healthy Living Program (HLP) and to increase the number of certified instructors available to teach physical activity classes to participants who want to continue exercising after they complete the HLP.

- ***Exercise Prescription Program:***

The four hospital systems in Monroe County (Lakeside, Strong Health, Unity Health and ViaHealth) are working together on a joint community services plan to address the need to increase physical activity for adults and older adults in Monroe County.

A pilot program, developed by the Center for Lifetime Wellness, launched in December 2002, trained 35 nurse practitioners and physicians' assistants from across the four health systems, to assess the activity level and readiness of adult patients with chronic disease. Based on this assessment, a prescription for physical activity will be developed with the patient, with follow-up at three and six months. The measures of program success will include:

- An increase in practitioner confidence in prescribing exercise to chronically ill patients
- An increase in the number of exercise prescriptions written.
- An increased knowledge about the utility and efficiency of exercise kits in primary care practices.
- Patient advances in readiness-to-change as it relates to physical activity.
- An increase in the amount of time patients spend per week in physical activity.

[61] www.healthaction.org

[62] In the Fall of 2000 , the University of Rochester Medical Center launched **PROJECT BELIEVE** an aggressive effort to help make Rochester the healthiest community in America by the year 2020. Fostered by its on-going participation in **HEALTH *ACTION***, **PROJECT BELIEVE** has adopted two overarching goals: To increase years and quality of life for all individuals and to eliminate disparity in health status among racial and ethnic groups. **PROJECT BELIEVE** embraces the priorities identified by **HEALTH *ACTION.*** The initial areas of focus for Project Believe include obesity, unhealthy weight, physical activity and nutrition, adult immunization and lead exposure in children.

Providers attending the training were given kits that include educational materials for patients and health professionals. After the Center for Lifetime Wellness obtains feedback about the usefulness of the kits from providers participating in the pilot, they will make any needed changes, and then distribute it throughout the community. The revised kit will be consistent with the messages in the communications campaign.

- ***Rochester Walking Challenge***

The Rochester Walking Challenge is a collaborative initiative of the Monroe County Health Department, the City of Rochester Fire Department, and the City of Rochester Neighborhood Empowerment Teams (NET). Funded by the Rochester Area Community Foundation, the Walking Challenge encourages residents to walk within their community. At each of the six NET offices in City neighborhoods, maps that highlight one and two mile walking routes are available for residents. The routes were selected by residents of each of the ten Neighbors Building Neighborhoods Sectors to be readily accessible, well lighted, and well traveled. In addition to maps, residents interested in participating in the Challenge can get walking logs and pedometers to track the steps they walk daily.

- ***Additional Programs to Increase Physical Activity***

There are numerous other programs that promote physical activity among Monroe County residents, too many to list in the report. These programs include mall-walking programs, exercise classes offered at community centers, fitness centers, health clubs, schools, towns, City of Rochester recreation centers, senior centers and those offered by health insurers. Program costs vary, and health insurers offer limited discounts for selected programs. A resource directory developed in 2001 has information on these and other programs available to Monroe County residents.[63] Additional information can also be obtained by contacting the various providers.

Reduce Rates of Smoking

- ***Smoker's Quitline and Web Site***

New York State implemented a Smoker's Quitline in January 2000. The toll-free line,[64] based at Roswell Park Cancer Institute, is staffed by trained Information Specialists who interact with callers interested in quitting. A Web-site[65] is also now available. More recently, the service was expanded to enable health care providers to refer patients to the Quitline and receive reports back on a patient's progress and stage-of-readiness to quit. A statewide media campaign heavily promotes this service. All services are free and confidential.

- ***Smoking Cessation Research Projects***

Local federally-funded research projects include:

- University of Rochester's Project 50 Plus – a self-help program for adults aged 50 and older that provides support via telephone, mail and the internet.

- ViaHealth and University of Rochester's Smoker's Health Study for adults aged 18 and older.

[63] The directory is available by calling the Monroe County Health Department at 274-8422
[64] Phone number is 1-(888) 609-6292
[65] www.nysmokefree.com

- ***Voluntary Health Organizations***

Major voluntary health organizations including the American Cancer Society, American Lung Association, American Heart Association, offer a variety of stop smoking services ranging from periodic community cessation clinics, train-the-trainer sessions for work-sites, and the provision of self-help materials. A local chapter of Nicotine Anonymous meets out of two locations. Many programs are covered by health insurance or are offered free-of-charge.

- ***Smoking and Health Action Coalition of Monroe County***

The state-funded Smoking and Health Action Coalition of Monroe County conducts a number of adult smoking cessation-related activities including:

- Mass mailings of stop smoking materials to clinicians for their use in motivating smokers to make a quit attempt.
- Quit and Win Contests - where smokers confirmed to be smoke-free are eligible to win prizes. Such contests have proven to be good motivators.
- The "Take It Outside" media campaign that discourages smoking at home or in vehicles when children are present.
- Promotional campaigns encouraging greater use of the NY state Quitline by Monroe County residents.
- Recent establishment of college-based initiatives to promote cessation and policy changes on college campuses.
- An incentive program that provides free diapers to low-income pregnant women who enroll in stop smoking classes and remain smoke-free.
- Continuing medical education opportunities for local health-care professionals by bringing national tobacco dependence experts to the community to present the most current tobacco treatment protocols.

- ***Unity Health System***

Unity Health System has integrated tobacco dependence interventions in all of their behavioral health programs. A Tobacco Treatment Specialist was hired in June 2002 to facilitate this intervention and to work on expanding this service throughout the system.

- ***New York State Department of Health Grants***

The New York State Department of Health has indicated its intention to fund two additional smoking cessation interventions in Monroe County: one targeting low-income pregnant women that will function out of Neighborhood Health Centers, and the other focused on smokers who also suffer from chemical dependency and/or mental illness.

Improve Nutrition

- ***Cornell Cooperative Extension of Monroe County (CCE)***

The Community Nutrition Education Program of (CCE) provides no-cost nutrition education classes to low income individuals in Monroe County. Class topics include healthy eating, and food budgeting

- ***New York State Department of Health***

The New York State Department of Health Program called "Just Say Yes to Fruits and Vegetables" provides nutrition education, food demonstrations and taste testing at food pantries. The overall goal of the program is to increase fruit and vegetable consumption among those who utilize food pantries.

- ***The Rochester Family Nutrition Initiative***

The Rochester Family Nutrition Initiative, funded by **PROJECT BELIEVE** in 2002, and administered by the Cornell Cooperative Extension, the Monroe County Health Department and the University of Rochester, provides nutrition and food budgeting education classes to African American adults living in the inner city. The overall goal of the six-week program is to help individuals learn about and sustain a healthier diet.

- ***The Monroe County Office for the Aging***

The Monroe County Office for the Aging provides nutrition education at all of the Lunch Club 60 Senior Centers on a monthly basis.

- ***Additional Programs***

There are numerous other programs in Monroe County that promote good nutrition through education and individual counseling. These include those offered by health systems, health centers, health insurers, The Center for Lifetime Wellness, and fitness/health clubs. Many weight loss programs are also available to residents. Most programs are fee for service, although insurers may provide partial coverage of some. A resource directory that was developed in 2001 has information on these and other programs available to Monroe County residents.[66] Additional information can also be obtained by contacting the various providers.

Goal: Promote Use of Preventive Health Services

Increase Screening Rates for Breast and Cervical Cancer

- ***The Women's Health Partnership***

The Women's Health Partnership, a program of the Center for Rochester's Health, is one of New York State's largest participants in the National Breast and Cervical Cancer Early Detection Program. Established in 1993, the WHP is a unique coalition of over 30 community agencies and over 100 health care providers whose mission is to assist women facing barriers to optimal health through providing access to comprehensive educational, clinical and supportive services.

[66] The directory is available by calling the Monroe County Health Department at 274-8422

The Partnership provides funding for breast and cervical cancer screening and case management services to over 1,400 women and education and outreach to an additional 1,000 women annually. As a collective, it also offers numerous support services, such as transportation, to assist women in overcoming barriers to accessing health care.

The success of the WHP model, which has received national recognition and several achievement and special project awards, is attributed to its flexibility, broad community reach, and strong ties to the practice community. The collaborative has been most innovative in its ability to develop and sustain working relationships among service agencies and clinical providers.

Increase Rates of Immunizations to Prevent Flu and Pneumonia

- ***READII Rochester***

The Monroe County proposal for addressing Racial and Ethnic Adult Immunization Initiative (READII) will focus on influenza and pneumococcal immunizations in the African American elderly population. About 6,000 African Americans aged 65 years and over reside in Monroe County. Most live in the City of Rochester. Although the community has been successful in increasing rates of adult immunizations, large disparities in immunization rates in minority populations persist.

Using a two-tiered approach, Rochester READII will include:

- A Primary Care Practice Intervention which will implement proven office-based strategies including patient and provider prompts for immunizations, and establishment of reminder/recall and outreach systems in the practices that serve the majority of African American adults in Rochester.

- A Community Action plan will implement community-wide education and outreach through community based organizations, the faith community, and a targeted media campaign. Service providers, insurers, and professional organizations will focus on provider education and awareness.

Increase Preventive Education by Health Care Providers

- **PROJECT BELIEVE *Toolkit***

PROJECT BELIEVE funded the Strong Health Primary Care Network in 2002 to develop a toolkit to assist physicians with incorporating prevention and risk reduction education and counseling into all patient visits. Patient education materials are available from the Strong Health web-site. Twenty-seven primary care practices have received the kit so far, and it will eventually be made available to the entire primary care network.

Goal: Promote Healthy Behaviors to Prevent Complications and Disability from Chronic Disease

- ***Project S.H.A.R.E.D. (Social Health Approach to Reinforcing Effective Disease Management)***

  Project S.H.A.R.E.D. is a collaboration of the Catholic Family Center (CFC), the Health Association, HCR and HCR Cares, funded by the Robert Wood Johnson Foundation that began in February of 2000. It is designed to combine the delivery of social and health services, providing individuals of lower socio-economic status with poor health risk behaviors and chronic diseases the ability and education to adapt healthier behaviors and live healthier lifestyles. Over 400 people have been enrolled using the client base of the CFC and the Health Association, plus various out-reach activities. Support included home nursing visits, lay service coordinators, educational programs including nutrition, physical activity and chronic disease management. Nurses and service coordinators work closely with each participant to assist them in setting goals and developing action plans to accomplish these goals.

- ***Additional Programs Promoting Healthy Behaviors Among those With Chronic Conditions***

  There are numerous other programs in the community that help individuals with chronic conditions to lead healthier lives. These include general living healthy classes for those with any type of chronic condition, and disease specific self-help classes for those with arthritis, asthma, cancer, diabetes and congestive heart failure. Healthy eating, physical activity and medication compliance, are some of the topics that are covered in these classes.

  Physical activity classes specifically for those with chronic conditions including diabetes, heart disease, arthritis and fibromyalgia are also available in the community.

  Individual nutrition counseling for treatment of various diseases is provided by registered dietitians through hospital systems, health centers or private practice. Certified diabetic educators also provide individual education to help those with diabetes manage their disease.

  In most cases, the above programs are fee for service. Many are covered in part by health insurers. A resource directory developed in 2001 has information on these and other programs available to Monroe County residents.[67] Additional information can also be obtained by contacting the various providers.

[67] The directory is available at 274-8422